-			-	1
E	ō	5	4	
S	to	0	0	
8	0	~	0	
×	-	Ö	ō	
		-	0	
- 3		b	8	
		5	0	-
6	2	· 5	0	Ö
40	3	-	ŝ	P
0	40	5	40	
>	2.	0	ě	0
5	-	٩	silpen	#
0	0	>	2	O
-	00	0	-=	20
	_	E	>	5
-,0	9	50	2	2
Ö	O	63	TO	_
0		D)	2	1
O	2	O	Đ	-
ē	-	-	-	
94m	-		95	-
- 0	ě	2	9	E
123	0	2	50	-
5	9	-	ā.	C
0	_	E	40	>
000	3	E.	=	-
2	15	4	U	>
-	0	2		5
100		-5	other t spir	
der	00	8	E	.5
3	_	0	-	20
7373	E	8	a	Č
6	9	ž	-	O
5	Shorte	0	100	-
Ü	2	0	2	0
- 8	-	ž	5	5
0	· ~	7	1	Ė
	2	v	0	0
	a	00	C	-
0	-	80	0	ō
2	1 100	c	_	
0		ë	0	2
67	0	6	20	.0
0	-	×	_	ö
n	P	ш	P	F
Ü	-	7	35	0
100	Q	ŏ	D	L.
Shu .		5	0	
0	0	0	T	1
-	P	Σ	P	-10
0 440	×	-	5	5
E	4	0	0	2
	he	£	101	0
04	illan	U	3	diper
7	0	0	40	-
-	.2	4	96	
Σ	=	-	0	ò
AMINER: This certificate shauld be executed within 24 haurs after death. If any delay in scessary,			Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boord of t	

VS. A15ME 5M 2/57

1	
FOR STATE HEALTH DEPT.	1 PL
irector.	ъ.
directory directory for your good of	d.
o e V	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1844

	o. COUNTY Frederick	MARYLAND		here deceased lived. If institution is any land b. COUNTY		deric	-
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) Thurmont rural	c. LENGTH OF STAY IN 16	St. com.	outside corporate limits, write	-	e nearest to	wn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp OWN HOME	itat, give street address)	d. STREET ADDRESS RD	1		ON	SIDENCE A FARM?
	NAME OF First DECEASED (Type or print) Howard J	onathan A	nders	4. DATE Month of Febru		-	9 61
	s. sex 6. COLOR OR RACE 7. MARRIER white widowed		Sept. 21,	1885 9. AGE (In years lost ber 1979) yrs.	Months Doy		ER 24 HRS. Min.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P. E	ND OF BUSINESS OR INDUSTR	Marylar	or foreign country)		of WHAT	
1	John P. Anders		Mary El	izabeth Fra	Ley		
	New year and a supplemental to the same and a supplemental to the		emes H. An	ders Thurm	ont, N	/d. 1	RD 1
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause tast. (c)	ronary thron		NALDISEASE CONDITION GIVE	0	minset and dea minset and dea minset and dea	ites_
	CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	nter nature of injury in Part	f or Part II of item 18.)		,	4
	Hour a, m. While		E OF INJURY (Home, form ry, street, office bldg., etc.		(County)		(State)
	21. I certify that I took charge of the reopinion death resulted from: Natural Constitution of the second s			Tomicide, Undeter	Inquiry (rmined mar		d in my
1	EXAMINER'S B.O. Thomas		ASSISTANT MEDICAL I				
	05400144 15 - 25 1	Zc. NAME OF CEMETERY OR C		22d LOCATION (City, fown, or Lewistown	Fred.	CO.	Md.
1	23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS Thurmont, N	laryland	ED 4 4 104	TRAR'S SIGNA		

BY AND TO STANLING OF STREET OF DEATH CONOL DIE CONTROL DE C all ends only broken at a second of the second A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1869

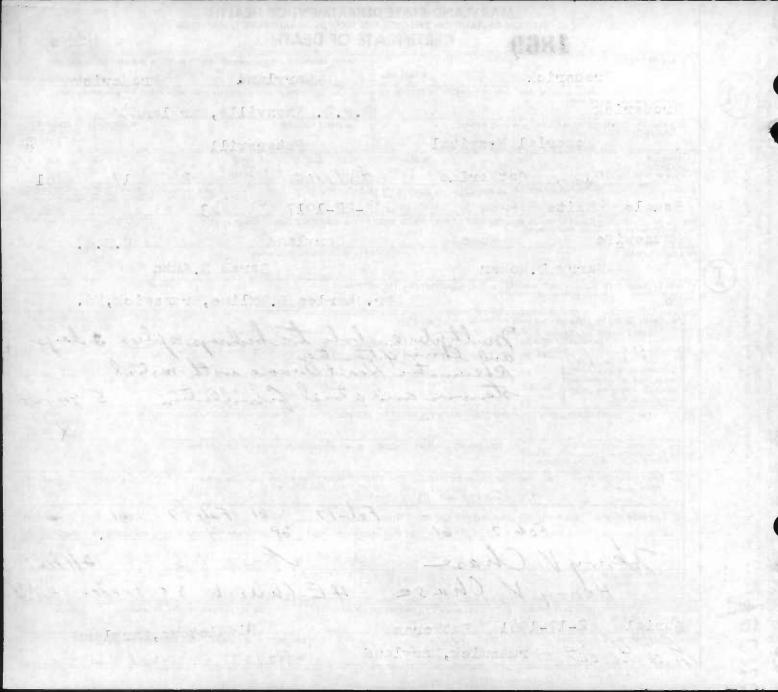
01845

1. PLACE OF DEATH a. COUNTY	rederick	MARYLANI	O STATE	DENCE (Where dece	b. COUN	ITY	
	If outside carporate limits, write egrest tawn)	c. LENGTH OF STAY IN 11		MaryLand TOWN (If outside co	rporate limits, writ		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Memorial Ho		d. STREET				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary Cath	Middle erine	AXIIY	4. DATOF DEA		Nonth 17	Day Year
s. sex Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED E	1 00 -	н 9 1 7	9. AGE (In yet lost birthdo		AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION of working most of working Mousewill	ON (Give kind of work dane lob. king life, even if retired)	KIND OF BUSINESS OR IN		ACE (State or foreign	n country)	12.CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	Harry D.Rohe	r	14. MOTHER'S	MAIDEN NAME	ah E.Lu	tz	
1S. WAS DECEASED EVE (Yes no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant r.Charle		A	Address	Md.
Conditions, if a gave rise to i cause (o), stating lying cause last.	mmediate DUSTO	altyle es demates energian energian contributing to DEATH E	wholi themity Seart Dut NOT RELATED TO	To his Disease I file O THE TERMINAL DIS	Energy, a with n illation	nitral	19. WAS AUTOPSY PERFORMED? YES IN NO IN
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RRED. (Enter nature of		Part II of item 18.) City or town)	(Count	
20c. TIME OF INJUI Hour a.m. p. m.	19 While at war	Nat while	factory, street, offic		City or lowing	(00011)	y) (sidie)
	at (1) (this haspital) attended alive an Feb 12	ded the deceased frame 1960, and that the lease	M.D. ATTENDIN	d at <u>2P.M.</u> fro	STAFF _		that (1) (ast te stated abave. 22b. DATE SIGNED
NAME (Type)	Henry V.	Chase	22d. ADDR	F. Chur	ch s	t, Fred	lerick, Me
230. BURIAL, CREMATIC REMOVAL (Specify Burial	2-17-1961	23c. NAME OF CEMETERY	OR CREMATORY	Mi	cation (City, tow		(State)
24. FUNERAL DIRECTOR	4. 1.	wick, Maryla	ind	DATEER 2 3		Littur & Hans	

TO HOSPITAL. ATTEN IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Fier death may be rebailed by the bitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld-berfilled with the State Board at Health priar to buriol, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1070 CERTIFIC	CATE OF DEATH Reg. Dist. No. () 1846
1. PLACE OF DEATH O. COUNTY EVEC PICK MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Exclorick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION State Route 144	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Oliver Burns	Baker 4. DATE Manth Day Year DEATH February 22 196/
SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 26, 1886 9. AGE (In years lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Farmer Farmer	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 274/212
13. FATHER'S NAME (narles Vernon Baker	Elizabeth A. Norwood
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 216 - 18 - 3966	Mrs. Civer B. Baker - New Market
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OF DRAPY	Throm bosis Interval Between ONSET and DEATH Few MINUTE
gave rise to immediate	retie Heart Disease 3 years
lying couse last. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nat while of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased fram Decolive an Jack 1966, and that decolive an Signature W.B. Culwell PHYSICIAN'S NAME (Type) W.B. Culwell	ath occurred at 630 A.M., from the causes ond on the date stated abave. ADDRESS (Street, city or town, stote) M.D. Goo So Main St. Feb. 22, 196 Mt Diry Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER BURIAL (Specify) FEB 25-4/117041	VET CEM FREDERICK MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEW Man	Bet Med DATE FEB 2 8 '61 24b. REGISTRAR'S SIGNATURE

REARD TO STATE OF THE PROPERTY OF ENTREE IN THE

12		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist.	NET 1847
HEALTH DEPT.		o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of Maryland b. County Frederick) Maryland b. County Frederick	
of Hee		b. CITY OR TOWN (If outside corporate limits, write RURAL ond gi Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and gi Frederick	ve nearest town)
069		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Frederick Memorial Hospital d. STREET ADDRESS 921 North Market Street	e. IS RESIDENCE ON A FARM? YES NO 3
he fune e retain he State er death	3.	NAME OF DECEASED A DATE OF DECEASED A DATE OF DEATH February 25 A DATE OF DEATH February 25	Pay Year 196I
moy by moy by with the	3	Male White WIDOWED DIVORCED April 19,1924 Months Do	AR IF UNDER 24 HRS. Hours Min.
Poge 5	100		S.A.
Poges Poges Poges Poges Poges	13	Frederick R.Beall Sr. Dark Davis	
in 24 ho Give ith form t. File ony ev	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes W.W. 2 doles of tervice) 217-12-2727 Mrs Charlotte Beall, 92I N.Mar	ket St
ed with fem. 18. slong w spermi and in		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Fractured Skull IMMEDIATE CAUSE (o) Crushed right cheat Fractured ribs	NTERVAL BETWEEN ONSET AND DEATH
Office of or transition of the or		Conditions, if any, which) (b) Multiple lacerations	II hours
in per in per in or re		gove rise to immediate cause (o), stating the underlying couse last. (c)	
canding of Exon	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	19. WAS AUTOPSY PERFORMED? YES NO 20
word "F Medic uld be uriol, c			c control
NER: The ng the chie	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20c. TIME OF INJURY Month, Doy, Year 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County 12-Hap 20c. 2/25/6] While of work of w	erick, Md
Pog :		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	terminal of the second
Fico:		opinion death resulted from: Natural causes . Accident X, Suicide , Homicide , Undetermined mo	DATE SIGNED
Die forv		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
uld by design		Examiner's B.O. Thomas, M.D. Deputy Medical examiner 2/25/61	
A should be shou	224	Burial CREMATION 22b. Date thereof Rocky Ridge Cemetery Rocky Ridge Rock	(Stote) Maryland
7 7	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNA	The second second

tora comparations a linear way to the contract of the contract The state of the s Reduce that a business is a second of the land The state of the s

VS A15 (4) 15M 9/5B

	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
E	oma	CERTIFICATE	OF DEATH	

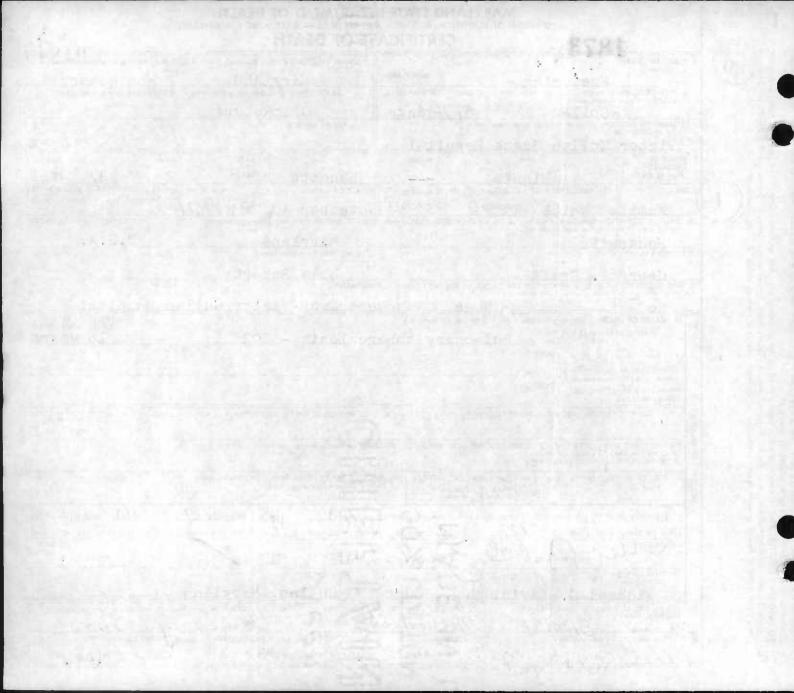
	1872		CERTIFIC	ATE OF DEAT	Н		Reg. Dist. I	vo. U1	848
. COUNTY	rederick		MARYLAND	a. STATE		lived. If institution b. COUNTY	-		
CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpore	ote limits, write R	URAL ond give	nearest tov	wn)
Brunswie	K (Section)		50 yrs.	Brunswie	:lc		43	5	
NAME OF HOSPITA	AL (If not in hospital, g	give street	oddress)	d. STREET ADDRESS		977-1		e. ts RE	ESTDENCE A FARM?
	h Delewar	re A	venue	207 North	Delew	are Av	enue /		NO E
NAME OF	Fir	rst	Middle	Last	4. DATE	Mon	th	Day	Year
	Mary	Eli	za. Be	nnett	DEATH	2	18		1961
EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		_	1
Fomale	White	WIDOW	DIVORCED [12-13-1887		83 yrs.	Months Day	's Hours	s Min.
USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY
			Home	Virgini	a		U.S	.A.	
FATHER'S NAME		- 23		14. MOTHER'S MAIDEN	NAME				
	Samuel W.	Goo	rge	vi	rginia	Yakey			
WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.				ress		
No		,	Mi	s.Elizabet	h Flas	g.Brun	swiek.	Md.	
18. CAUSE OF DEA	TH [Enter only one co	suse per li		7.11.	1	1	1	TERVAL B	BETWEEN
PART I. DEAT		a	cut (ving	Multer	taul	w		11	LUS
4.24		,							1
Conditions, if an	y, which) (h	,							
	nmediote (_		ESCHALL S					
lying cause last.		:)							
PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part I or Port	II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Not while fo			or town)	(Coun	ty)	(Stote)
21. I certify the	ot I attended the	deceas	sed from 2/16	19/el to	2/18	19/	that Llast's	aw the	deceosec
	2/19	. 19 (/ /	h occurred at / D43	PM from t				
/	1 mil	4 / /							ATE SIGNED
ACTUAL SIGNATURE	Marca	SKI	ulle	M.D. Smy	west	Mil.	7	24	61
PHYSICIAN'S NAME (Type)	1. B. CA	PRH	PENTER		/				
BURIAL, CREMATION									ate)
		70 T							
TUNKKAL DUKECISTRA	PSIGNATURE		AUTHRESS	DA DE		AND I TAL DECT			
1 4 4	. //		ick, Maryland		C D BT REGISTR	240. REGI.	STRAK'S SIGNA	TUKE	
	Conditions, if an gove rise to in couse (a), stoling lying cause last. PART II. OTH 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY HOUR OR I	D. COUNTY Prederick D. CITY OR TOWN (If outside corporote lime RURAL and give negrest fown) Brunswick d. NAME OF HOSPITAL (If not in hospital, good institution) 207 North Delowal NAME OF DECEASED (Type or print) NAME OF DECEASED (If yes, give war or dates of the print of	COUNTY Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Brunswick d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 207 North Deleware A NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARI Female White Widow Widow Widow FATHER'S NAME Samuel Samuel W. Geo WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or dates of service) B. CAUSE OF DEATH [Enter only one cause per limit of the	PLACE OF DEATH 3. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Brunswick 6. Oyrs OR INSTITUTION 207 North Deleware Avenue NAME OF DECEASED Type or print) Mary Maryland Maryland SEX 6. COLOR OR RACE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIT FATHER'S NAME Samuel W. George WAS DECEASED EVER IN U. S. ARMED FORCES? NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CAUSE (b) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CAUSE (o) NO 21. I certify that I attended the deceased from Mile of work o	PLACE OF DEATH 2. COUNTY Frederick MARYLAND D. CITY OR TOWN (If outside corporote limits, write SURAL and give negrets frown) BYUNDAY ICK D. CITY OR TOWN (If outside corporote limits, write SURAL and give negrets frown) BYUNDAY ICK D. CITY OR TOWN (If outside corporote limits, write SURAL and give negrets frown) BYUNDAY ICK D. CITY OR TOWN (If outside corporote limits, write SURAL and give negrets frown) BYUNDAY ICK D. CITY OR TOWN (IF outside corporote limits, write SURAL and give negrets frown) BYUNDAY ICK D. CITY OR TOWN (IF outside corporote limits, write SURAL and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. C. CITY OR TOWN (IF outside corporote limits, write Sural and give street oddress) D. DATE OF SURAL SURFICE COLOR AND COLO	D. CILY OF TOWN (If outside carporole limits, write BURNAL and give pergent lown) Brunswick O. CILY OF TOWN (If outside carporole limits, write BURNAL and give pergent lown) Brunswick O. CILY OF TOWN (If outside carporole limits, write BURNAL and give pergent lown) Brunswick O. CILY OF TOWN (If outside carporole limits, write Burnswick O. CILY OF TOWN (If outside carporole limits, write Burnswick O. CILY OF TOWN (If outside carporole limits, write Burnswick O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Burnswick O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Burnswick O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Burnswick) O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Burnswick) O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Carporole limits, write Burnswick) O. STATE Mappland O. CILY OF TOWN (If outside carporole limits, write Carporole l	PLACE OF DEATH COUNTY Proderick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If intituit o. STATE Maryland b. COUNTY Frederick MARYLAND C. CITY OR TOWN (if outside corporate limits, write and the product of the produ	PLACE OF DEATH . COUNTY Prodrick MARYLAND C. CITY OR TOWN (if outside corporote limit, write build on the product of the control of the c	PLACE OF DEATH COUNTY Frederick MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If imitiations Residence before odinic. Schild arryland C. STAT Maryland C. CITY OR FOWN [if outside corporate limits, write and the county of the county

HYROGAD HADISTRED

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L		873	- TF-	CERT	FICAT	E OF DEATH	H				11-11	03,
1.	PLACE OF DEATH	Frederic) # 1	MA	RYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased	lived. If institution b. COUNTY	on: Residen			(A)
	b. CITY OR TOWN (f outside corporate		c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (I		rote limits, write R				
	RURAL and give no	Cullen		5754 8	ays	Cla	rksbur	. 0				
1	d. NAME OF HOSPIT	TAL (If not in haspita	l, give stree	address)	ay s	d. STREET ADDRESS	INOPAL	31	> V	4	e. IS RES	SIDENCE FARM?
	Victor	Cullen S	State	Hospita	1			1	2 1	-		NO TO
3.	NAME OF DECEASED		First	Midd	lle	Last	4. DATE OF	Mon	th	Do	y	Year
L	(Type or print)		innie		_	Bennett	DEATH	2		2		1961
5.	SEX	6. COLOR OR RAC	E 7. MAR	RIED NEVER MAR	RIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months	1 YEAR	IF UNDE	ER 24 HRS
1	Female	White	WIDOW	VED DIVOR	CED 🗆 N	ovember 3	0,1883	/7677 yrs.	,	Doys	110015	win.
10	during most of work	ON (Give kind of wo	rk done 10b	. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CITI	ZENOF	WHATC	OUNTRY
	Housew					Marvla	nd		U.	S. 1	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Georg	P. Graft	t.			Ella R	oberts	5				
	WAS DECEASED EVE	R IN U. S. ARMED F		SOCIAL SECURITY	10. 17. INF	ORMANT		Add	ress			
	No	(ii yaz, gira wai ai aasa	33.1144	None	Re	cord of V	ictor	Cullen	Host	oita	al	
		ATH [Enter only one	couse per	ine for (a), (b), and (INTE	ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary tuberculosis - 002									5 Ve	ars	
	00) DUE										
	Canditions, if a	ny, which)	(b)									
	gave rise to i	mmediate (, ,	TO STATE			Trans.	The The said				100
	couse (o), stoting the <u>under-</u>											
N	PART II. OTH	HER SIGNIFICANT C		CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CATION	Ed. State											RMED?
CERTIFIC	20a. ACCIDENT WA	AS UNDERLYING	TH	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury	in Port I or Port	t II of item 1B.)	5			144
		MEDICAL EXAMINE	-		100 011		last tal					
MEDICAL	20c. TIME OF INJUR	RY Manth, Day,	Year 20d. While	INJURY OCCURRED Not while	focto	CE OF INJURY (Home, for ory, street, office bldg., o	erm, 20t. (City etc.)	or town)	(0	County)		(Stote
A.E.	p. m.	1		ork ot work								
	21. I certify the	ot (I) (this hospi	tol) otten	ded the decease	d from	5/28	\$5to_	2/27	, 19.6	1, th	ot (I) (we) los
-	sow the deceas	sed alive on	2/27	19.61, ar	nd that de	ath occurred of	AM, from	the couses an	d on the	e dote	stoted	obove
	220. SIGNATURE	1.1.0	0 4	2, 5		A THE LIDING		1/			221	b. DATE SIGNE
		1 cua	y S	, Jaw	W CO		MED. DIRECTOR	STAFF PHYS.		2/2	7/6]	1
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	Micha	el G. Z	avis,	M.D. S	upt	Culler	, Mar	yland				
23	a. BURIAL, CREMATIC REMOVAL (Specify)		REOF	23c, NAME OF CE	METERY OR	CREMATORY	23d LOCA	TION (City, town,	ar county)	, ((Stot	te)
	Quine	3/3/6	2/	Memo	aus	<i>t</i> 1	Clar	RSMILL	1.	m	×	
124	FUNERAL PIRECTOR	S SIGNATURE	Your	ADDRESS	wit	mal	C'D BY REGIST	Pad V	STRAR'S SI			
	M.h.Cu	ages a	To the	1 Clean	0,00	O 10 1 DATE	MAR 3	01 6	Irthus &	1. The	MA	



TO HOSPITAL

VR A15 (4) 15M 9/59

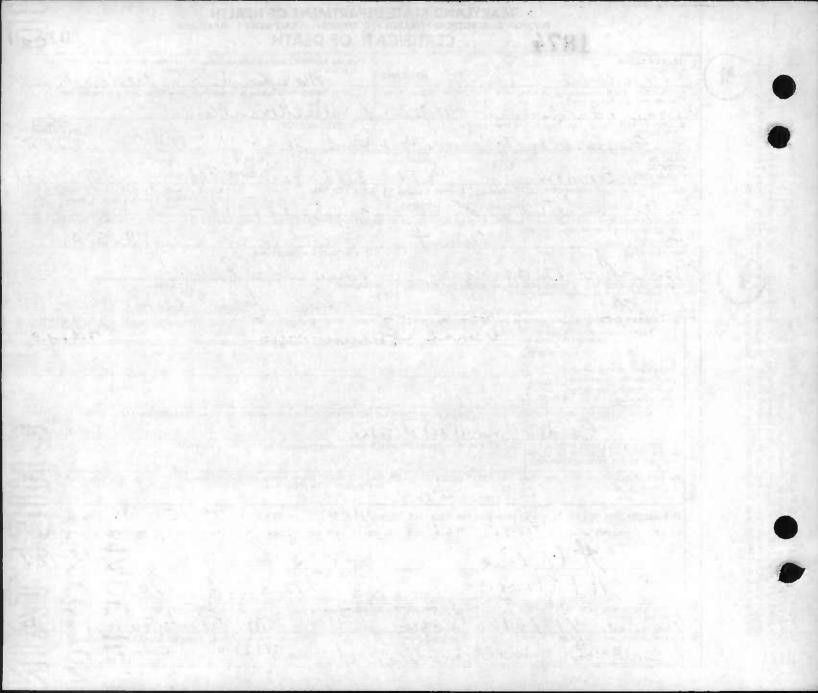
M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1874

(11850)

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
)	o. COUNTY (Kynty MARYLAND	o. STATE Maryland b. COUNTY Frederick
4	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (M putside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	X Uhlkerwille
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Inderick County Chronic Hosp.	Frederick Co. R.F. D # 7 YES NO DE
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) SimeN P.e.T.E.T	Biddinger DEATH Feb. 16 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8/DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	male white WIDOWED DIVORCED	July 3 1888 72 yrs. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Farming Tenant	Frederick Co. U.S.A.
	13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
	Mr. John Biddinger	mian Star Earles
1		IFORMANT Address
1	(Yes, no, or unknown) (If yes, give war or dates of service)	is Helen Hahn Chronic Haspetal
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (s).	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	DUE TO	the state of the s
1	Conditions if any which	
4	gove rise to immediate	
	couse (a), stating the under- lying couse lost.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cardio (ascular disc	PERFORMED?
1	_	YES NO L
	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
	Hour o.m. While Not while fac	ctory, street, office bldg., etc.)
	p. m. 19 of work of work	
	21. I certify that (I) (this haspital) attended the deceased fram	Mar , 1960, to Fit / J , 196/, that (1) (we) last
H		leath accurred at 2324M, from the causes and an the date stated above.
ı	220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
	1 Pleue	M.D. PHYS. DIRECTOR PHYS. D
9	22c. PHYSICIAN'S H. F.K.	22d. ADDRESS
	TININE	Tordruck Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 2/18/61 Charpel	na. Libertestoren mode
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	J. C. Barton, Walker willo.	mol. DATE FEB 21 '61 arihur S. Kraus



deerol director,

MARYLAND STATE DEPARTMENT OF HEALTH

DIAIZION	OF STATISTICAL RESEARCH AND RECORDS - BALLI
875	CERTIFICATE OF DEATH

01851

Colon S. Kraus

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Howard						
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town)						
RURAL ond give nearest town)							
d. NAME OF HOSPITAL (If not in hospital, give street address)	Rural Woodbine d. STREET ADDRESS e. IS RESIDENCE						
Frederick Memorial Hospital	R. D. 2						
3. NAME OF First Middle	Last 4. DATE Month Day Yeor						
(Type or print) Valeria Gay BRIGHTWELL	OF DEATH Feb 18 1961						
S. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Widowed Divorced	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Months Days Hours Min. Months M						
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William C. Brightwell	Evelyn Barnes						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
(Yes, no, or unknown) (If yes, give war or dates of service)	r. William C. Brightwell, Same as # 2						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PRINT A 4 1	v.itej —						
DUE TO							
Conditions, if any, which gave rise to immediate (b) Em Bry o Ma	Tume or over Lower Spine						
cause (a), stating the under-							
lying couse last. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
O TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SE	PERFORMED? YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)						
	PLACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (State) actory, street, affice bldg., etc.)						
21. I certify that (I) (this haspital) attended the deceased fram	, 19, ta, 19, that (I) (we) last						
saw the deceased alive an19, and that	death accurred atM, from the causes and an the date stated above.						
220. SIGNATURE	22b, DATE ATTENDING MED STAFF / SIGNED						
Wys. Cullettell	M.D. PHYS. DIRECTOR PHYS. 2/18/6/						
22c. PHYSICIAN'S NAME (Type) W. B. Culwell M. D.	Mt. Airy, Maryland 2-18-196						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
Burial Feb. 20, 1961 Linganore	Cemetery Frederick Co., Maryland						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
C. M. Waltz, Winfield, Marylan	Id DAMER 2 1 '61						
o. M. Waloz, William al Jia	DAPER 2 1 '61						

TO HOSPITAL ATTEL G PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the pital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

HYARD TO MEADINIFIED CEATH our yelf I have Pergit 2 .U .U. I Lattered Le brown thingsort Done Lynch . Mindfield . Franklin . R.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1010	CERTIFICA	TE OF DEATH		01.059
PLACE OF DEATH O. COUNTY Frederick	, MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution b. COUNTY	rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	ulside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Frederick Memorial Hosp	ddress)	d. STREET ADDRESS 101 W	est 12th Stree	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Clayton H	Middle Ioward Cronise	Last	4. DATE Mont	y 15, 1961 19
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH August 22, 1	9. AGE (In years last birthday) 85 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if relired) Retired Pattern Maker Fre		Wheatland	, Virginia	U.S.A.
Americus C. Cronise		14. MOTHER'S MAIDEN N	an	
(Yes no or unknown) . Iff was nive war or dates of service)		ss A. Katheri	ne Cronise 10	". W. 12th St. Fre
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)		froscluosis		Mouries Glary
PART II. OTHER SIGNIFICANT CONDITIONS CO. 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH URLE THER, NOTIFY MEDICAL EXAMINER	DNTRIBUTING TO DEATH BUT			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN.		ACE OF INJURY (Hame, form clary, street, affice bldg., etc.		(Caunty) (State
220 SIGNATURE 220 PHISTORIN'S TUOM	196/ and that d	M.D. PHYS. MIDING MIDING MIDING DI 22d. ADDRESS		that (I) (we) last d an the date stated above 22b. DATE SIGNED 2 - 15 - 19 Frederick, Md.
23a. BUNA, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 2-18-1961	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, of Frederick, Ma	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Frederick M	25a. REC'	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur

TO HOSPITAL

VR A15 (4) 15M 9/59

filed with

3781

SENT IN TRADITION

Solari eta			Saladrade 1
	aledanibasis	areas a	t at Subject
Vas	at 1850 due 101	distilled	Laircon Nothers
		softwal Markell	not valo
	Mirda 22, 1975 05		ed. real sector
	amiesto (meserent	* 20 12/21 * 202	deal instant beside.
	The state of the s		endows V. Groden
ord for the same	on him of endoesing and		
, Solden Car	ent contravers on .		of earth of

shauld

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

may be retained by the bild of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in binged 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01050

1877 CERTIFICATE OF DEATH	(11000
1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution on STATE MARY LAND b. COUNTY	n: Residence, before admission) FREDERICK
b. CITY OR TOWN (If autside corporate limits, write 8 yrs FREDERICK C. CITY OR TOWN (If outside corporate limits, write RU FREDERICK	JRAL ond give nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION 24, W. 12 th. St.	e. ts residence on a farme yes \(\text{NO} \)
3. NAME OF DECEASED (Type or print) ALICE ELIZABETH HIMES DARNER: 4. DATE Month OF DEATH Februar	y 17, 1,61.
Femeale White WIDOWED DIVORCED July 6, 1874: lost birthdoy) 86 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Housewife Homemaker 11. BIRTHPLACE (State or foreign country) Frederick County Md.	U.S.A
John Henry Himes. 14. MOTHER'S MAIDEN NAME Sarah Catherine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 17. INFORMANT None None	12 th., St. Fred
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVI	ONSET AND DEATH G MONTH GENERAL BART IVAN 19 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 1B.)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While of work at while of work at work at work at work at work at work.	(County) (State)
21. I certify that (I) (this haspital) attended the deceased fram. Nov	d an the date stated abave. 22b. DATE SIGNED
	ERICK, Md.
	Frederick, Md.
DATING OF BUILDING STORY OF MOSON OF STORY	STRAR'S SIGNATURE

FIA30 to STADISTAND CT CAT ALCON TEXASTER FORES TO SHOW THE PARTY SETS TO SEE ALCON T armin white the second of the figure of the second of the A.S. I Sugar Lincoln St. March sected entracted design Enne he viagoù avou

next. Marie, 1.0.

High control and the same defended has a little part of the part of the same o

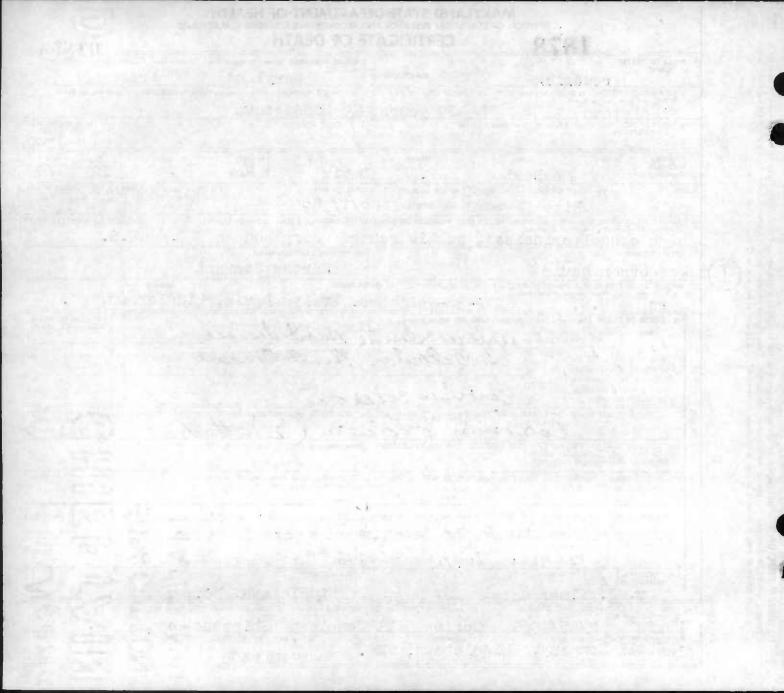
The world will decrease the property of the property of the

MAKIL	AND STATE	DEPAKIM	ENI OF HE	ALIH
DIVISION OF STATE	STICAL RESEARCH	AND RECORD	S - BALTIMORE	1, MARYLAND
	CEDTIEIC	ATE OF I	DEATH	

	1878		CEKTIF	CA	E OF DE	AIII					10	54
1. PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	nere deceased	l lived. If institut				sion)
	'rederick		MARYL	AND		Mar	yland	b. coom:	Fred	eri	ck	
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TO	OWN (If a	utside corpo	rote limits, write F	RURAL and	give nea	rest fow	n)
Middlet			29 vea	rs	X Mid	dle	town					
	ITAL (If not in haspital, g	ive street	address)		d. STREET AD	DRESS					e. IS RES	IDENCE FARM?
OK INSTITUTION					1	-		-11-545				NO
B. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Moi	nth	Da	,	Yeor
(Type or print)	Herbe	rt	F.		Davis		DEATH	2		12		1961
. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIE	DDB	. DATE OF BIRTH			9. AGE: (In years lost birthdoy)				ER 24 HRS.
male	white	WIDOWI	DIVORCED		2/1/189	90	-17	71 yrs.	Months	Doys	Hours	Min.
0a. USUAL OCCUPATI	ION (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUS	RY 11. BIRTHPLA	CE (State	or foreign co	ountry)	12.CIT	IZEN OF	WHAT	COUNTRY
	rking life, even if retired		, public	sch	ool Ma	arvl	and		U.	S.		
3. FATHER'S NAME	TOOL PILITO	= N CC-	-, para		14. MOTHER'S	MAIDEN N	VAME				-	
Jefferso	n Dawis				Mai	rtha	Stew	art				
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	dress			
(Yes, no, or unknown) Ves	(If yes, give war or dates of s		-0 -1-		s. Eve	lyn	Davis	, Midd	letov	m,	Md.	
	ATH [Enter anly one co	use per li	ne far (a), (b), and (c).]				4			LINTE	RVAL BI	ETWEEN
	ATH WAS CAUSED BY:	0	Lerio Sele	IN WY	Slon	140	tisea	11		ONS	ET AND	DEATH
410	IMMEDIATE CAUSE (o			M M								
Candition	4/	CI	1. Value	lar	Nea	ita	use	are				
Canditions, if	immediate		1 -							-		
couse (o), stoting		6	steries &	200	44 0 -							
lying cause lost	·	DITIONS (CONTRIBUTING TO DEA	TH BUT	NOT PELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a) 1:	9. WAS	AUTOPSY
2	Par	DITIONS S	GA- A	. 1	101 101	7	100	4-1	12(1)(1)		PERFO	NO T
D ACCIDENT A	(AS HAIDERLYING T	20h DEC	CRIBE HOW INJURY OF	CUBBER	in	2	Part los Par	Leed SS			163	1 140
OR CONTRIBUTING	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DES	CKIBE HOW INJURY OF	COKKED	. (Enter noture at	infory in	ran t or ran	i ii or nem is.,				
	IRY Month, Doy, Ye				CE OF INJURY (Fory, street, office			or town)	((County)		(State
Havr a.m.	19	While at war		100	ory, street, office	bidg., etc	.,					
	at (I) (this haspital	l) attend	led the deceased	fram	June	10	60, ta	74-12	196	2 / th	at (I)	(we) last
	ased alive an 7	1-12	/ 1		7			the causes a				
220. SIGNATURE	2 a		rulid	mar g	Edill decorred	01727	gavi, main	Tire caoses a	ila all III	e dare		2b.DATE
	I seme	u,	Hach	A	ATTENDING	THE MA	ED.	STAFF PHYS.			2-1	SIGNED
22c. PHYSICIAN'S	11 -		F		22d. ADDRE				100			
NAME (Type)	J. Elmer I	Jarn			Mid	dlet	orm.	Md.				
23a. BURIAL, CREMATI			23c. NAME OF CEME	TERY OF			7	TION (City, town,	ar county)		(Sta	ite)
REMOVAL (Specify			Spring II	177	Cemete	77 75	Ship		C	Pa	,5,-	
DUTTAL 24. FUNERAL DIRECTO)]	ADDRESS		cemere	-	D BY REGIST		ISTRAR'S SI	GNATH	RE	
Gladhill	Company,	Mi	ddletown,	Mo	i.				In 17 8.			
9200	7 0 7		,			DATEFE	B 15'6	1 0	man D.			

TO HOSPITAL MATER G PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deal goes 4 may be related by the pilot or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral areator, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-				
	TIFIC	ALL		
LER				•

1070

CERTI	FIC	ATE	OF	DE	ATH

01855

1. PLACE OF DEATH o. COUNTY Fred	lerick		MARYLAN	- 11	USUAL RESIDENCE (Wo. STATE Maryla		b. COUNTY		efore admiss	sion}
b. CITY OR TOWN (III RURAL ond give ne Frederick	f outside corporate lim arest town)		Since 1-26-	. 1 4	c. CITY OR TOWN (IF		rote limits, write R	URAL ond give	nearest town	n)
OR INSTITUTION	Memorial H				d. STREET ADDRESS					SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	CLAY		Middle OSCAR	DEG	RANGE	4. DATE OF DEATH	Mor Fe	bruary	/	Year 19 61
s. sex	6. COLOR OR RACE White	7. MARRIEI	D NEVER MARRIED		Nov 1874		9. AGE (In years last birthdoy) yrs.	-	EAR IF UND	ER 24 HRS Min.
10a. USUAL OCCUPATIOn during most of work Retired-Fa	ing life, even if retired	3	ND OF BUSINESS OR II		11. BIRTHPLACE (Stote Middleto Mother's Maiden	wn, Md		USA.	OF WHAT	COUNTRY?
David DeGr	ange	11-11			Josephine	(Last	name unk	nown)		
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR Ilf yes, give war or dates of	ervice)	1-28-0952	II. INFOR	mant d S. DeGra	inge, J		, Md.		
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediate DUE TO		Deverof Deverof Develo NTRIBUTING TO DEATH	les les	- Garles		elue.		19, 10,	Jes 4, Yn
20a. ACCIDENT WA			IBE HOW INJURY OCC						YES	ORMED?
-	Y Month, Doy, Ye	ar 20d. INJ While of work	Not while		OF INJURY (Home, for street, office bldg., e		or town)	(Cou	nty)	(Stote
saw the deceas		1) attende	d the deceased from			9.4/,.ta_ PM, fram	7/13 the causes ar		that (I) (ate stated	d abave.
22o. SIGNATURE	R. S.	30	rice	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	15		L961
22c. PHYSICIAN'S NAME (Type)	A. T. Bric	е, М.	D.		Jefferson	, Mary	land			
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	2-16-61	OF .	23c. NAME OF CEMETE Lutheran				rion (City, town, erson, M		(Sto	te)
24. FUNERAL DIRECTOR	S SIGNATURE	, Fred	derick, Mary	yland		C'D BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	ATURE	

may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. ATTEN

TO HOSPITAL VR A15 (4) 15M 9/59

101			2°
	# Minacosti	industrial	
			Calle - and I
		Charles and	
	num some kindly endingens b		angertal bivet
	talentin k , is attribut . is beginned	Li \$25 - Li-(15)	
		11.	
Darker .			
	the Company of the Co		
	y mucrolles years		
		the total of	ing a northogon 1 of the

STATE OF THE PARTY STATES

		CERTIFICA	1881
		Description Des	
• • •			STREET STREET STREET STREET STREET
			otpus and an extension of the second
			section of the sectio
			THOUSE THE THE THE THE THE THE THE THE THE TH
			A 9
9 a le a le			The same of the sa
	Ties .		

81/75

Then pleose remave carbon papers. Pages 1 and 2 shauld

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

ital ar attending physician.

ATTEN 5 by the

1001

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01857

1. PLACE OF DEATH o. COUNTY Frederic		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	b. Co	institution: Residence be DUNTY Frederi	
	(If outside corporate limits, nearest tawn)	write c. LENGTH OF STAY IN 1b Since 2-19-61		outside corporote limits, k-Rural RD#		nearest town)
d. NAME OF HOSP OR INSTITUTION Frederick	ITAL (If not in hospital, give Memorial Hos		d. STREET ADDRESS Mount Pl	easant		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First GEORG	MARKELL	Lost DUTROW	4. DATE OF DEATH		Day Year Ty 22,1961
s. sex	7977 * 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7 March 189	9. AGE (Ir last birt		AR IF UNDER 24 HRS s Hours Min.
10a. USUAL OCCUPAT during most of wo Farmer	ION (Give kind of work don orking life, even if retired)	Farm Owner	Maryland		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Robert Sc	ourin Dutrow		Nettie Cr	amer		
15. WAS DECEASEDEN	/ER IN U. S. ARMED FORCE: (If yes, give wor or dates of service)	(e)	Informant Irs. Rose Dutr	ow (Same a	Address item #2)	
Canditions, if gave rise to couse (o), statin lying cause losi	immediate DUE TO	Cortines clare	Throme of the Terra			PERFORMED?
OR CONTRIBUTION	VAS UNDERLYING [] 20 IG [] CAUSE OF DEATH I'Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	Port I or Port II of item	18.)	YES NO A
20c. TIME OF INJU Haur a. m p. m	10		PLACE OF INJURY (Home, far factory, street, office bldg., et		(Count	ty) (Stote
	osed alive on	tended the deceased from		PM, fram the cou		
22c. PHYSICIAN'S	BOTH	oneas	M.D. PHYS. 22d. ADDRESS	AED. STAFF PHYS.	□ 23	Feb 1961
NAME (Type)	B. O. Thom	as, M. D.	228 N. Ma	rket St., F	rederick, N	laryland
23a. BURIAL, CREMAT REMOVAL (Specification)	23b. DATE THEREOF 2-25-61	23c. NAME OF CEMETERY Mount Olivet		23d. LOCATION (City Frederick	, town, or county) , Maryland	(Stote)
24. FUNERAL DIRECTO	er's signature chison & Son	, Frederick, Mary		EB 2 7 '61	b. REGISTRAR'S SIGNAT	

may be revolved by the bital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the Stote Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offer death. TO HOSPITAL VR A1S (4) 1SM 9/59

Productoic Falls of early man briefly and the first of the control of the con The state of the s THE RESERVE AND ADDRESS OF THE PARTY OF THE all the second s The transfer of the soul tenth to be a second to the second tenth tenth to the second tenth tenth

			ALLEXAMINER		
			return to resident of		
	AND A SECOND				
, , ,					
		Internation of			
				and menelle in	
	per a surrous	To be the last of			
				Crimer and Live	
					L SE
•	State State				

	~	1
1	161	1
/	148	
	_	

in 6

	PLACE OF DEATH o. COUNTY Fred	erick		MARYL	AND	2. USUAL RESIDENCE (When o. STATE Maryla		d lived. If instituti b. COUNTY				sion)
F	b. CITY OR TOWN (IF	outside corporote limi grest tawn) RD#1	ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF ou Knoxvi		orote limits, write Rural RD#:		give nea	rest low	n)
N	d. NAME OF HOSPITA OR INSTITUTION Lear Knoxy:	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS Near K	noxvi	lle			ON	SIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	RUTI		Middle ELLEN		FERRELL	4. DATE OF DEATH	Mon F	_{th} ebrua	ry 1	*	Yeor 1961
5. 5	Female	6. COLOR OR RACE White	7, MARE	NED NEVER MARRIED DIVORCED		26 Nov 1891		9. AGE (In years last birthday) 09 yrs.	Months Months	Doys Doys	Hours	ER 24 HRS. Min.
10a	during most of work House-wor	N (Give kind of work of ing life, even if retired)	ione 10b.	At Home	INDUS	TRY 11. BIRTHPLACE (Stote of Washingto			1	SA	F WHAT	COUNTRY?
13.	FATHER'S NAME George J.	B. Lewis				14. MOTHER'S MAIDEN N. Rose V. Tu						
		IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.		FORMANT Edgar Ferrel	1, RD	#1, Knox		, Mo		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which mediate DUE TO	0	ne for (a), (b), and (c).]	2	weeple of	12	trate	~			DEATH
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY ORMED?
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in Po	ort I or Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of wor	Not while		CE OF INJURY (Home, form, ory, street, office bldg., etc.)		or town)	(County)		(State)
	21. I certify the	at I attended the	deceas		death	accurred at 2.725		n the causes of	nd on t		te stat	

22c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN: The low requires that the death certificate be executed within 24 hours er this certificate has been signed by the attending physician and completely filled far use as the burial-transit permit. Then please remave carban papers. Pages 1 cremation, ar removal, and in any event within 72 haugs-after death. ed far use as the burial-transit page 3 shauld be detoch TO FUNERAL

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 2-22-61 Reformed Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland

226. DATE THEREOF

E. Pruitt, M. D.

22d. LOCATION (City, town, or county) Jefferson, Maryland

(Stote)

Brunswick, Md.

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

VS A15 (4) 15M 10/57

BY BIC MELAN - NELANH TO TRANSPARED STATE CONTINUAN A DE CONTROL SELECTION OF THE PARTY OF THE P Wigner II Broth TENER PERSON The same of the sa . h. Caddisons - con a recording to the land of the contract o

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(11860)

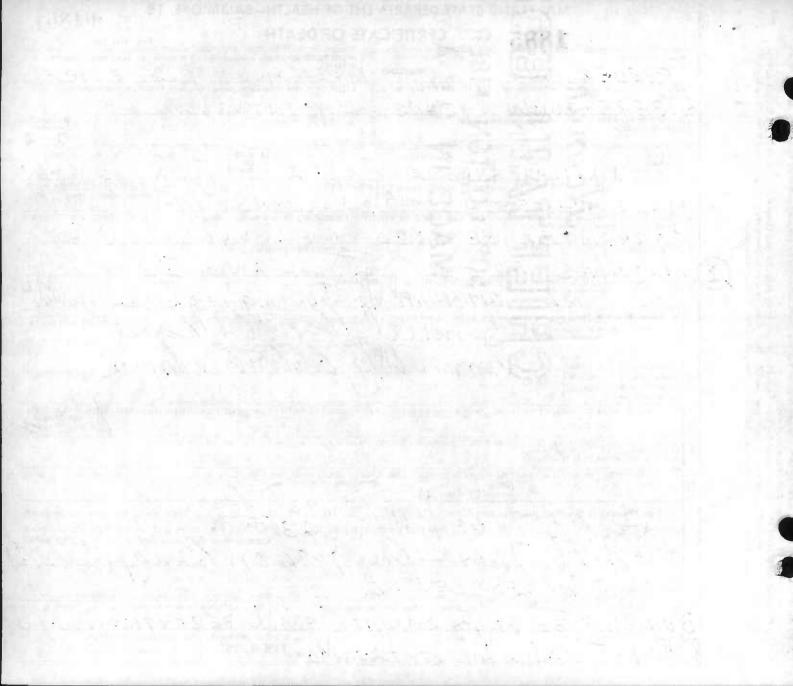
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2. USUAL a. STATI		-	d lived. If institution b. COUNTY	-	- 44	e admiss	
b. CITY OR TOW BURAL and give Thurmic	N (If outside carporote limi negrest town) nt rural	ts, write	c. LENGTH OF STAY IN 16 Lifetime	c. CITY		outside corpo mont	rote limits, write R		give nea	rest town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospitol, g Wn Home	ive street (oddress)	d. STRE	ET ADDRESS				(DENCE FARM?
3. NAME OF DECEASED (Type or print)	Els		Jane I	ree	Last	4. DATE OF DEATH	Fel		26		Year 19 61
Female		7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF Feb.		.893	9. AGE (In years lost birthday) yrs.	IF UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPA during most of	ATION (Give kind of work of working dife, even if retired WITE	done 10b.	Own Home	USTRY 11. BIR	THPLACE (State Maryl		ountry)	12. CITI.		WHATC S.A	OUNTRY?
13. FATHER'S NAME Samue	1 D. Rhode	S		14. MOTH	Anna		Kolb				
1S. WAS DECEASED (Yes, nor unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO. 17.	Byron	Free		Thurmon		ſd.	RD	2
PART 1.	ng the under- DUE TO	A	1 4 . 1	ution —	7				ONS	RVAL BE ET AND	DEATH
CATIC	OTHER SIGNIFICANT CON **D #* WAS UNDERLYING ** **D #* WAS UNDERLYING ** **D #* *	ne	CRIBE HOW INJURY OCCUR					EN IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED? NO
	ING ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Day, Ye- m.		NJURY OCCURRED 20e.	PLACE OF INJU	IRY (Home, farm	1, 20f. (City		(0	County)		(Stote)
saw the dec	eased glive an 🏒		ed the deceased fram		9 19 rred of 45		2/26/6. the causes an	19 id an the		stated	abave.
22c. SIGNATUR 22c. PHYSICIAN NAME (Typ	homes (). A.	Ann -	M.D. PHYS.	DING DI	RECTOR Thur	staff phys. □	√a Id.	1/2	2/6	SIGNED
230. BURIAL, CREMA	236. DATE THERECO)F	23c. NAME OF CEMETERY Creagerst				TION (City, town,		Fre	(Stot	co.N
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS Thurmont	Marvla		D BY REGIST		STRAR'S SIG			

Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. NG PHYSICIAN: The low requires that the death certificate be executed within 24 haus aspital ar attending physician.

TO HOSPITAL VR A1S (4) 15M 9/59

		FRA E
		and and
.del	erso stal	
•		entitle of effective
 the standard of		
VEO. 1 No. 1 State 1		ers .Clarent
e		



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

011862)
--------	---

1. PLACE OF DEATH o. COUNTY	rederick		MARYLAI		usual RESIDEN		re deceased	lived. If institut b. COUNTY		der		on)
b. CITY OR TOWN (I RURAL and give a Braddock	f outside corporate limi carest tawn)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOW			ate limits, write l	RURAL ond	give nec	rest town)
d NAME OF HOSPIT	At (If not in hasnital a	ive street nt ar	address) and Rest Home		d. STREET ADD	RESS	<u></u>		e. IS RESIDE ON A FA YES N		FARM?	
3. NAME OF DECEASED (Type or print)	Fir THER		Middle Virginia	ı	Lost FRY		4. DATE OF DEATH	Mo Febr		Do 2	0	/ear
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED ED A DIVORCED		are of BIRTH arch 3,	,187	7	P. AGE (In years loss birthdoy) yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewil	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	Burkit	E (Stote o	r foreign con	Md.		TIZEN OF		OUNTRY?
13. FATHER'S NAME				14	4. MOTHER'S MA							3115
Thomas					Mildre	ed T	urnei					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s			Mil	dred A	Fry	, Je	fferso	iress n, M 8	ryl	and.	
200. ACCIDENT WA	mmediate business DUE TO	DITIONS	CELSON CONTRIBUTING TO DEATH	57	Gent TRELATED TO TH	LEO I		Aneus CONDITION GI	ERSE VEN IN PA	S/J (a) 1	PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUF Hour a.m. p. m.	Y Month, Day, Ye	While		le. PLACE factory	OF INJURY (Hor , street, office bl	dg., etc.)				(Caunty)		(State)
21. I certify the saw the decea 22a, SIGNATURE 22c. PHYSICIAN'S NAME (Type)	40	5	ri er	am	22d. ADDRESS	MEI DIR	A, fram to	Peb. 28 the causes an STAFF PHYS. aryland			stated 22t	
230. BURIAL, CREMATIC	DN, 23b. DATE THEREC	OF .	23c. NAME OF CEMETE					ion (City, town, ferson			(Stote	e)
24. FUNERAL DIRECTOR M.R.Etchi		,106	ADDRESS E. Church	n St			BY REGISTE AR 3	- 4	ISTRAR'S S			
			Frederick									

BEAGG TANGETS 3881 and the second of the second o Concept / formitals defferen, Bergland . . .

LADVIANIC	CTATE DEDADTMEN	T OF HEALTH DAITIMODE	10
IAKILANL	DOLUMEN DELYKIMEN	I OF DEALIN - DALIIMOKE,	10
	Item II FilmG282	T OF HEALTH—BALTIMORE,	
O		· ·	

1887 CERTIFICATE OF DEATH

Reg. Dist. No. ()1863

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE		ed lived. If institution b. COUNTY	on: Residence bef	ore odmiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corpo	orote limits, write Ri	URAL and give n	earest town	n)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 410 West Per	tomae St.	d. STREET ADDRESS		Potomac	St.		FARM?
3. NAME OF DECEASED (Type or print) Addie	Gibbs	Garrison	4. DATE OF DEATH	2 Mont	9	-/	Year 19 61
5. SEX Female 6. COLOR OR RACE 7. MARR WIDOWS	ED DIVORCED	8-31-1882		9. AGE (In years last birthdoy) yrs.	Months Days	_	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		country)	U.S.		OUNTRY
13. FATHER'S NAME John Gibbs		14. MOTHER'S MAIDEN		lara For	x		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or enknown) (If yes, give wor or dates of service)		NFORMANT Ir .S .R . Garr	rison,	Brunsw:		ylar	nd
18. CAUSE OF DEATH [Enter only one couse per life PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	and a state	RILLED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	ON	19. WAS PERFO	DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while fo	D. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg.,	orm, 20f. (Cit	rt II of item 18.) y or town)	(County		(Stote)
21. I certify that I attended the decease alive an		m.D. Brunsw	ADDRESS (S	the causes and		te stated	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C			ATION (City, town, o		(Stot	he)
22 SUNERAL DIRECTOR'S SIGNATURE	Lutheran viek, Marylan	d 24g. RE	EC'D BY REGIS		TRAKSENGNAT		rd

A Tree or a series of the			2881
Zigirat er	in the Royal		
	A VANCOUS DESIGNATION OF THE PARTY OF THE PA		
The 18 and		. 46 0.00	
	and the southern	edita e	albax = R.
	V-11 - 58 5-17-1		of Last of Smith
A 4 1			
	10.00		
Level , sections	en emilynacining		
		and a series of	
\ \ \	La la description	With the	
	alad range of		
Land Francis		Asherder Ti	En That Contains
A			

FOR STATE

HEALTH DEPT.

Execute the certification filing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funer lector as should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your titles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1888

Reg.	Dist.	No.	()	1	8	6	4

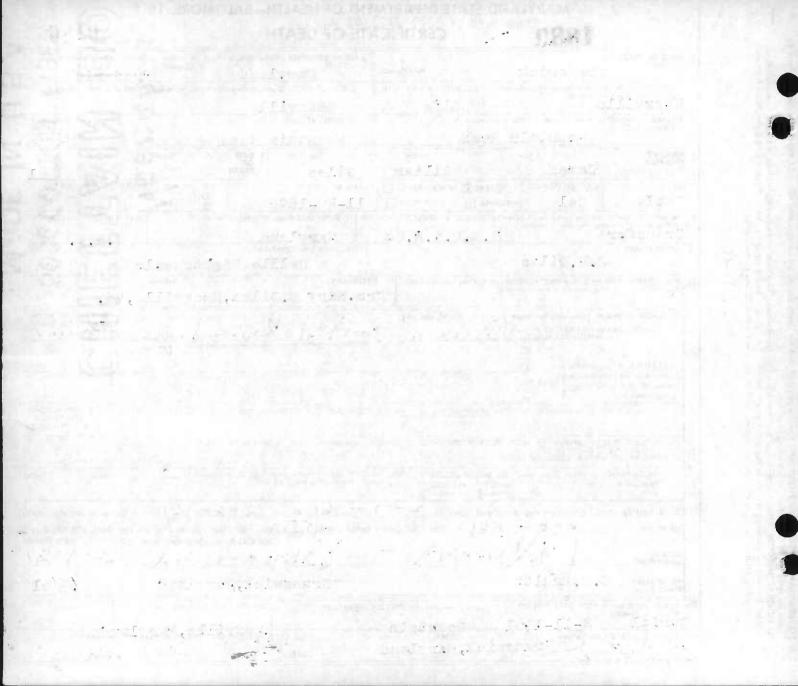
1. PLACE OF DEA	TH				2. USUAL RESIDENCE (Where deceose			efore admission)
	Frederick		MARYL	AND	o. STATE Mary	yland	b. COUNTY	Freder	ick
b. CITY OR TOV	WN (It outside corporate limits, wri	te RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If outside corpo	orate limits, write	RURAL and give	neorest lown)
	Frederick		Lifetime		// Free	derick			
d. NAME OF H	OSPITAL OR INSTITUTION	(If not in hosp	pitol, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
300 Block	k East Third	St.			419	South	Market S	treet	YES NO
3. NAME OF DECEASED	Fi	rat	Middle		Losi	4. DATE OF	Month		Yeor
(Type or print)	Melvi		S.		eisinger	DEATH	Februar	y 2,	19 61
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER TYEAR	
Male	White	WIDOWED	DIVORCED [Ju	ily 11, 1898	3	62 yrs.	Months Days	Hours Min.
100. USUAL OCCL	JPATION (Give kind of work working life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTRY	Y 11. SIRTHPLACE (SIGI	e or loreign co	untry)	12. CITIZEN C	F WHAT COUNTRY?
Emplo	yed at Ox Fib	re Bru	sh Co.		Frederic	k. Mary	land	U.S.A	Le Company
13. FATHER'S NA					14. MOTHER'S MAIDEN	NAME			
George	e Daniel Gei	singer			Katie R.	Getzan	danner		
15. WAS DECEAS	ED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INI	FORMANT		Address		
No	In yes, give war or outer o	57	9-14-9026	Mrs	s. Florence	B. Gei	singer .	419 S. N	Market St.
18. CAUSE OF	F DEATH [Enter only one co	use per line f	for (a), (b), and (c).	-				Frederic	Ka net Md.
PART I.	DEATH WAS CAUSED BY:	Acu	te heart fa	ilu	re			ONS	JET #4D DEATH
12	DUE TO								
Canditions	if ony, which)		led myocard	le il	infanct				
gave rise ta	immediate cause		Tea my ocat o	LLCLL	Illiaico				
(a), stating	ine underlying	Ant	erio sclero	tic	heart disea	238			
-	I, OTHER SIGNIFICANT CON	-					CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
8		Passing							PERSORMED?
200 EXTERNA	L CAUSE WAS	OL DESCRIBE	HOW INITIBY OCCUP	PED /Fn!	ter nature of injury in Pa	et Los Post II s	d item 191		TEN D
20g. EXTERNA PRIMARY CAUSE OF DE	or CONTRIBUTING	OD. DESCRIBE	11011 11011 00001	KED. (EIII	er naiore or injury in ru	ar ron to	n nem ta.j		
3 20c. TIME OF	INJURY Month, Doy, Ye	eor 20d. 1	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home, for	m. 20f. (City	or tawn)	(County)	(Slote)
	a. m. p. m. 19	While of war	Not white	factor	y, street, affice bldg., etc	c.)			
	fy that I took charg			obov	e, held an Autop	sy K7. In:	spection \square .	Inquiry	, ond in my
	eoth resulted from:					Homicide		rmined monn	-
Opinion de	com resoned from.	14070101 C	doses pr, Accid		J, Solcide LJ,	rionnicide	, Onderer	mined monn	er [
ACTUAL	Bink	en e	-1-		CHIEF MEDICAL E	YAMINEP [7]			DATE SIGNED
SIGNATURE	progns	m	1		M.D. ASSISTANT MEDIC	_	m		
EXAMINER'S NAME (Type)		homas.	Sr.	M	D DEPUTY MEDICAL			2	2-2-1961
220. BURIAL, CREA	MATION, 226. DATE THERE		22c. NAME OF CEMETE				ON (City, town, a	or county)	(Stote)
Burial	Feb. 4.	1961	Mount Carm	el (Cemetery	Littl	estown,	Pennsylv	vania
23. FUNERAL DIRE	CTOR'S SIGNATURE	1	ADDRESS		240. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATU	RE
Tohert	E. Hailey	g/1.	Frederick	, Ma	ryland DATE	B 6 '6'	1 00	Uner S. Kine	A
	()								

FOR THE MARKET BY THE MENTER AND THE PROPERTY OF THE PROPERTY

PERCHANAN

See Profession Walker			do Parti	100 or 10
	at the local	ar held	de la constante	
deposit and			EL ALMO JE.	
TA PROPERTY OF	negatiate			
			eckar	
and the state of the	reduced, the	.d0 rieu	Int its Prime Dr	
	Legiste I. Detauk		agministr Island	agrice)
The state of the state of	aler a constol .			other feet in
	5.	office space of		
	4072161			
	manu Zb grane	plip release com	Wall of the same	
AND A CONTRACTOR OF THE REAL PROPERTY OF THE REAL P				
	ilan IX aparolenia a Ole may allae a si			
201-9-1	Warning and Water		amount of the	
stone Imagelwants	eididi daya d		COLUMN TO STATE OF THE STATE OF	Lebes
				75 FF Parish

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



15M 9/5B

1899 CETTADIESE TADIESE

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1891 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

O. COUNTY Fre	derick			USUAL RESIDENCE (lived. If institu	ution: Resider	nce before adn	nission)
b. CITY OR TOWN (II	l outside corporate fimits, write Rt	c. LENGTH OF STAY IN 30 Minute	4 1b	c. CITY OR TOWN () Frede	f outside corpor				own)
d. NAME OF HOSPIT		at in hospital, give street address)		d. STREET ADDRESS 121 E	ast Pat	rick St	reet	ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First MICHAE	L ARNOLD	HIEM	lost P	4. DATE OF DEATH	Mont Fe	bruary		Yeor 19 61
5. SEX Male		MARRIED NEVER MARRIED VIDOWED DIVORCED		TE OF BIRTH April 1882		AGE (In years lost birthday) 78 yrs.	Months C		Min.
Retired Sel	ng life, even if retired)	Live Stock Deal	ler	11. BIRTHPLACE (Shote Petersvil	le, Mar		12. CITIZ	ZEN OF WHAT	COUNTRY
Peter S.				Mary Cathe		nold			
15. WAS DECEASED EV (Yes, no, or unknown) No	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		Mrs.	mant Mary C. H	lemp (S	Address ame as		¥2)	
Conditions, if o gave rise to immed (a), stating the cause tost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny. which (b) diate couse underlying DUE TO (c)	per line for (e). (b), and (c).] Coronary Throi Arteriosclero: IONS CONTRIBUTING TO DEATH	sis a	and Hyperte		ONDITION GIV	VEN IN PART	Minut Years	es
PART II, OTH 20c. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJUI		DESCRIBE HOW INJURY OCCURRI	PLACE C	DF INJURY (Home, farn	n. +20f. (City or		(Cour	YES	NO X
opinion deoth	resulted from: No	While of work Not while of work of the remains described sturol causes Accided Not work N	above,	Suicide ,	y , Ins Homicide [KAMINER] AL EXAMINER [ermined m	nonner 🗌	nd in my
	2-24-61	Mount Olive		MATORY	22d. LOCATIO	ick, Ma		(Sto	(e)
23. FUNERAL DIRECTOR M. R. Etc		Frederick, Mar		240. REC'	D BY REGISTRA FEB 2 3	R 24b, REGI	STRAR'S, SIGN		

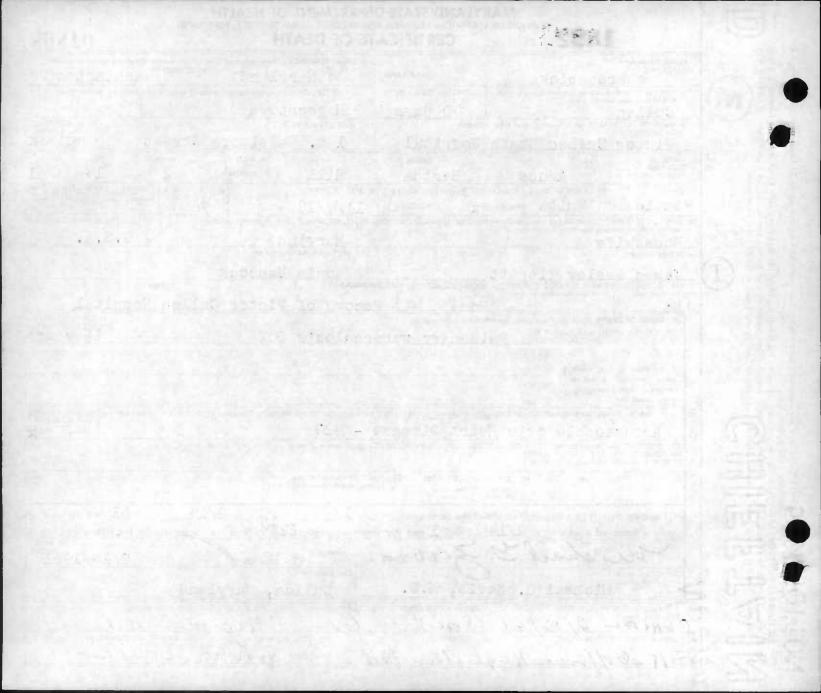
		undanie 158	Picon On Parillian
2000	Mercari comi INI		And the London State of the London
	5801 11976		
	·		
	A THE AT		
		n o vandenski prak	
	Flags on wave the com-		Emily Server
22 100 1761			e

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-											() (100
1	PLACE OF DEATH O. COUNTY Fr	ederick		MARYLA	- 11	o. STATE	,	ere deceased	b. COUNTY		ce before odmi	1.0
	b. CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOV	WN (If a	utside carpo	rate limits, write l	RURAL ond g	ive nearest tow	(n)
	RURAL and give ne	arest town)		40 days		Hager	sto	านา	1	10	3 = 4	
-		AL (If nat in haspital, g	give street			d. STREET ADD	RESS	mar.			e. IS RE	SIDENCE A FARM?
L	Victor	Cullen S	tate	Hospital		1 E.	Bal	timo	re Stre	et		NOK
3	NAME OF	Fir	rst	Middle	1	Last		4. DATE	Mai	nth	Day	Year
П	(Type or print)	Agne		Bertha		Hill		OF DEATH	2		14	19 61
5	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER		
	Female	White	WIDOW	DIVORCED		11/7/18	384		76 yrs.	Months	Doys Hours	Min,
1	Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	E (Stote	or foreign co	ountry)	12. CITI	ZEN OF WHAT	COUNTRY?
	Housewif	ing life, even if retired)			Marvl	and	1		U.	S.A.	
1:	3. FATHER'S NAME			Call S To	801	14. MOTHER'S MA						
1	Tames We	sley Tip	nitt		200	Annie	На	ncoc	k			
1	5. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT	7 220			dress		
L	No.	ir yes, give wor or dates or s	ervice	None	Re	cord of	. Vi	ctor	Cullen	Hos	pital	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine far (a), (b), and (c).]							INTERVAL B	
	PART I. DEA	TH WAS CAUSED BY:	P11	lmonary to	iber	culosis	5 00)2			15 V	ears
Г	00	DUE TO										
ı	Canditions, if or	ny, which) (b									100	
	gove rise to it	mmediote (,				1		E 1340			
1	lying couse last.) (c	:)									
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	HETERMI	NAL DISEASI	E CONDITION GI	VEN IN PAR	T 1(a) 19. WAS	AUTOPSY ORMED?
		osclerot			-							NO TO
217027	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED.	(Enter noture of in	njury in 1	Port I or Port	t II af item 1B.)			
1	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. I	NJURY OCCURRED 2		E OF INJURY (Hor			ar tawn)	(0	County)	(State)
071	20c. TIME OF INJUR Hour a. m. p. m.	19	While of wo		rocro	ry, street, office bl	lag., etc.	.)				
	21. I certify tho	t (I) (this hospita	l) otten	ded the deceosed fi	rom	1/5	19	61 , to_	2/14	196	1, that (1)	(we) last
ı	saw the deceas	ed alive on	2/14	19 61 and t	hat de	ath occurred o		-				
	220 SIGNATURE	. 1 . (14	7	1				./	30		2b. DATE SIGNED
	u	n criacl		Lave	M.	D. PHYS.] ME	ED. RECTOR	STAFF PHYS.	2	/14/19	61
	22c. PHYSICIAN'S NAME (Type)			0		22d. ADDRESS						
L	1	Michael G	· Za	avis, M.D.		Cul	len	, Mar	yland			
2	3a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF .	23c. NAME OF CEMET	ERY OR	CREMATORY		23d. LOCAT	TION (City, tawn,	or county)	(Sto	ate)
L	BURIAL	- 2/16/	61	Nose Hi	18	Cem		Nac	ereton	- m	d	
2	4. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS		25	5a. REC'	D BY REGIST		ISTRAR'S SIG		
	71566	thran	Hac	geration,	mas	D.	ATE E	ER 2 0'	61 C	Irithur S.	. Times	



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0	1	8	6	()	
U	-	0	0	2)	

1.	a. COUNTY Frederi	ek		MARYLAND	2. USUAL RE a. STATE	West V		b. COUNTY		ce before		(n)
	b. CITY OR TOWN (If RURAL ond give ne Frederic	k		LENGTH OF STAY IN 16		R TOWN (If a	utside corpor	ote limits, write R	URAL and	8	5)	X-
j	d. NAME OF HOSPITA OR INSTITUTION Lalter Reed			t Detrick, Mo		ADDRESS 27t	h Stre	et		е.	ON A I	FARM?
3.	NAME OF DECEASED (Type or print)	FRE	DERICK	Middle C •		ast HILL	4. DATE OF DEATH	000	b	Day 1'	7	961
5.	. SEX			EVER MARRIED	B. DATE OF BI			9. AGE (In years last birthdoy)	Manths Manths	Days	Haurs	Min.
10	Male Do. USUAL OCCUPATION during most of work Milit	N (Give kind of working life, even if retired	dane 10b. KIN	DIVORCED DIVIDION OF BUSINESS OR INC		1932 IPLACE (Stote West Vi			12. CITI	ZEN OF	WHAT CO	DUNTRY?
13	B. FATHER'S NAME					S'S MAIDEN N						
VI.	Fred F	. Hill			Grat	tta Woo	ddell					
15	Yes	R IN U. S. ARMED FOR If yes, give wor or dates of	RCES? 16. SO 33:	2-50-6815	Mrs. C	therin	e Hill	Add l Wife	ress Samo	as #	#2	
F	1B. CAUSE OF DEA	TH [Enter anly one co	ouse per line	far (o), (b), and (c).]							EVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	2)	Pulmonary	edema		100			01432	. AIND	DEATH
	Canditians, if of gove rise to it couse (a), stating lying cause last.	mmediate but To	o)	Hedgkins	Disease						7 ye	ears
FICATION	PART II. OTH			ntributing to death b	UT NOT RELATED	TO THE TERM	INAL DISEASE	E CONDITION GI	VEN IN PAR	T 1(a) 19	PERFOR	MEDI
CEDTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCRI	BE HOW INJURY OCCUR	RED. (Enter notur	e af injury in	Port 1 or Part	t 11 af item 18.)				
MEDICAL	20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Ye	20d. INJI While at work [_ Nat while	PLACE OF INJUR factary, street, af			or town)	(Caunty)		(State)
	21. I certify that saw the decease 220. SIGNATURE	t (I) (this haspita sed alive an 1	l) attended 7 Feb.	d the deceased fran 19 61 , and tha	death accur	red at A	ED	17 Feb.	, 19_1 nd an th	61, the	stated	abave. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	SCHELDON KE	SS. C	apt. MC	M.D. PHYS. 22d. AD US	DRESS	RECTOR [it, Ft D	etric	k. Mo	17]	reb t
	30. BURIAL, CREMATIO REMOVAL (Specify) Memoval	23b. DATE THERE		23c. NAME OF CEMETERY		,	23d. LOCAT	TION (City, town,	ar caunty)	W.	(State	»)
2	Mollert DIRECTOR	SIGNATURE	ley 9	ADDRESS 72	ed The	DATE	D BY REGIST	-61 A	istrar's si	1.0	la	me
		-	V //			F	FEB 2 0	'61 (Inthun .	8. Kra	un	

	and the same of the	6 W W		C
76.				a constant
dis.		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ę t. L. J. o	T
	7'			
		13 E C C		
	J	initial dis		ı,Ji
		fr to col 11		III . s mil
	3 . 2 . 2393	the fill miralty . 3		No and the same
			i di e In	
u_	V	2,316		
k				
	La La d	0.00	2/201	
1 6	7			
	(15:14	t , the factor ke	t .t .t	
	, MT as		and primary	
	2 1 15 N 45 7 1000	1		

Brunswick, Maryland

Outloop & Kings

VS A15 (4)

15M 9/5B

HEADS BO STADHITED - A orien bezigniste inter atmittar 188 valle feltale sailli Lo de la contraction de la con

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1895

01871

\	1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	o. STATE	there deceased lived. If in b. CO	UNTY	before admission) derick
)	b. CITY OR TOWN (I RURAL ond give ne Frederi	f outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, v	write RURAL and give	
0	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give stre Memorial Hosp	et address)	d. STREET ADDRESS Near Jug I		<i>η</i> Ο	e. 15 RESIDENCE ON A FARM? YES KK NO
	3. NAME OF DECEASED (Type or print)	First	Middle WALLACE	Lost KENT	4. DATE	Month February	Day 'ear 3. 19 61
7	s. sex	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1 Y	YEAR IF UNDER 24 HRS
/	10a. USUAL OCCUPATION during mast af work Farm-Owne. 13. FATHER'S NAME	ring life, even if retired)	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country) Maryland	12. CITIZEI	N OF WHAT COUNTRYS
	15. WAS DECEASED EVE	as M. Kent R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Jenny Jenny S. Fern H. Ke	Wallace Same as	Address Item #2	
	PART I. DEA Conditions, if o gove rise to i cause (a), stating lying couse lost. PART II. OTH	mmediate the under (c) (c)	Intertual Is CONTRIBUTING TO DEATH BUT LITERATURA LI	Limod	ystrope	DN GIVEN IN PART I	INTERVAL BETWEEN ONSET AND DEATH
	-	Y Manth, Day, Year 20d	for the second	ACE OF INJURY (Hame, far ctory, street, office bldg., et		(Сои	unty) (State
	saw the decease 22a. SIGNATURE		time	M.D. PHYS. X	PSD, .to FM BOR from the couse MED. STAFF DIRECTOR PHYS. C	es and an the d	date stated abave 22b.DATE SIGNED
	23a. BURIAL, CREMATIC REMOVAL (Specify)	Feb.7,1966	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, Frederic	town, or county)	(Stote) Maryland
	24. FUNERAL DIRECTOR		ADDRESS Frederick, Mary		FEB 9 '61 25b	REGISTRAR'S SIGN	



TO HOSPITAL

A REPORT OF THE PARTY OF THE PA TARGETT AND THE PARTY OF THE PA

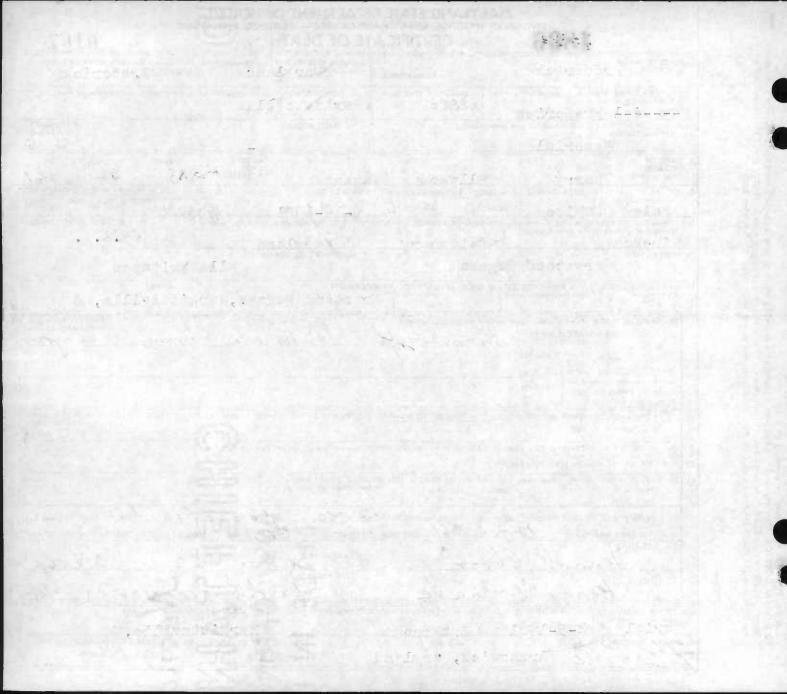
For Late and the second of the

	1090	TERRIT	ILA IS	AL TICATO	et			AT815
1. PLACE OF DEATH a. COUNTY	rederick	MARY	LAND 2. USL	TATE Mary 1	here deceased	lived. If institution b. COUNTY		
b. CITY OR TOWN RURAL and give Mererial		write c. LENGTH OF STAY		rkittsvj		ate limits, write R	URAL and give	nearest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, give	street oddress)	d.	STREET ADDRESS		1		e. IS RESIDENC ON A FARA YES NO
3. NAME OF DECEASED (Type ar print)	First	Middle Ellwood	Mara	Last	4. DATE OF DEATH	Feb	oth a	Day Year
s. sex		MARRIED NEVER MARRIE		OF BIRTH	5	last birthday) Wo 59 yrs.	Manths Day	AR IF UNDER 24
10a. USUAL OCCUPA during most of w Fireman	TION (Give kind of work dar orking life, even if retired)	stationary	R INDUSTRY 11	. 8IRTHPLACE (State		intry)	12. CITIZEN	OF WHAT COUN
13. FATHER'S NAME	Armstead 1	/agaha	14. <i>N</i>	NOTHER'S MAIDEN I		da Tri	tapoe	
1S. WAS DECEASED E	VER IN U. S. ARMED FORCE:	57 16. SOCIAL SECURITY NO		tead Ma	gaha, B	add urkitt		, Md
Canditions, if gave rise to cause (a), stating lying cause lost Part II. Co	immediate DUE TO	tions <u>contributing</u> to de,	ATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART 1(o	19. WAS AUTO PERFORMEI YES TO NO
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] 20 NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY O	CCURRED. (Enter	nature of injury in	Part I or Port	II of item 18.)		Its [] No
20c. TIME OF INJ Hour a. n p. n	1,	20d. INJURY OCCURRED While Not while of work at work		INJURY (Home, farr eet, affice bldg., etc		ar tawn)	(Caun	ity) (S
	21. 1 certify that (1) (this haspital) attended the deceased fram 2 Feb 1966, to 2 Feb 1966, that (1) (we) la saw the deceased alive an 2 Feb 1966, and that death accurred at 23MM, fram the causes and an the date stated above							
	-	n 1 11		- 34				
22a. SIGNATURE	lenn V. C	n 1 11	that death of	TENDING MAYS.				
	Henry V. C.	n 1 11	that death of	TTENDING MAYS.	M, fram t	he causes an		ate stated abo
22c. PHYSICIAN	Henry V. Jenny	n 1 11	M.D. PP	TTENDING A MAYS. AND ADDRESS ATORY	M, from the D. IRECTOR	STAFF PHYS. ON (City, town,	ederic	22b. DA 27b. DA 27b. DA (State)

TO HOSPITAL ATT NG PHYSICIAN: The law requires that the death certificate be executed within 24 how. Yet de Page 4 may be rehained by the Spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hay after death.

VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/59

BLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0	O. COUNTY FREDERICK MARYLAND	a. STATE b. COUNTY	Pohertson
	b	b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) Frederick C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporote limits, write RU	IRAL and give nearest town)
	_	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION VARD 200 WRGH	d. STREET ADDRESS J. T. Rd.	e. IS RESIDENCE ON A FARM? YES NO []
	(NAME OF DECEASED (Type or print) Martha B	Naxwell 4. DATE OF DEATH Feb	25 196/
	5. S	Female white widowed DIVORCED	8. DATE OF BIRTH 8. DAC. 1934 9. AGE (In yeors lost birthdoy) yrs.	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	Jenn.	12. CITIZEN OF WHAT COUNTRY?
	1	Rabert F Bibb	14. MOTHER'S MAJDEN NAME Elizabeth Joh	nen
		WAS DECEASED EVER IN U. S. ARMED FORCES? S. no. or unkfown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17.	Hames & Maywell S	pring field-texi
		18. CAUSE OF DEATH [Enter anly one couse per line far (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	HODEKINS DISEAS	E 22 MONTE
		Canditions, if ony, which gave rise to immediate cause (o), stoting the under-lying couse lost. (b) DUE TO HODG KINS (c))ISGASE	
Š	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
1	Ü	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 While Not while at work of twark	ACE OF INJURY (Home, farm, 20f. (City ar tawn) ctory, street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an 25, FEB 1961, and that	23 JAN 1961, ta 25 FEB death accurred at DM, from the causes and	d an the date stated abave.
	7	Derd W. Launen	M.D. ATTENDING MED. STAFF PHYS.	25 Feb 1961 SNED
	9	22c. PHYSICIAN'S NAME (Type) DAVID W. GRAUMAN	22d. ADDRESS Ward 200 WRGH	
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (2-27-61	/ Springfield, T	enn.
	24.	EUNERAL DIRECTOR THOMATURE ADDRESS & SOME FREDERIC	1 A FED 104	trar's signature

HOW OR BY WAR STORY WAS A SON WASH .mm; ,.... cratherine, .ma., The transmitted with the second of the secon

Page 4

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1898

	1. P	LACE OF DEATH	ck	MARYLAND	2. USUAL RESIDENCE		If institution: Residence	e before admission)
	Ь	CITY OR TOWN (If outside corp RURAL and give nearest town)	porate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		its, write RURAL and g	4
9	(NAME OF HOSPITAL (IF not in or institution	Memori	ddress)	d. STREET ADDRESS		11001	e. IS RESIDENCE ON A FARM? YES NO
	3	NAME OF DECEASED Type or print)	John	Middle Calvin	Mc Kee	4. DATE OF DEATH	Month 2	Day Year 19 6
	S. S	Male Whi	WIDOWE		8. DATE OF BIRTH /8	9-3 last	birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	F	USUAL OCCUPATION (Give kind during most of working life, even Retired Forem:	if retired)		Dept. Mary	land	12.CITIZ	ted States
1	13.	FATHER'S NAME Allen	McKee		14. MOTHER'S MAID			
1		WAS DECEASED EVER IN U. S. AT	RMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	NFORMANT	ummers	Address p-	t.# 3
	(Yes	no. or unknown) (If yes, give war	or dates of service)	4-09-2052 M	rs.Harold	Keller. H	rederick	11
		18. CAUSE OF DEATH [Enter of PART 1. DEATH WAS CAU IMMEDIATE	JSED BY:	e for (a), (b), and (c).] Bronchopneur	nahia			INTERVAL BETWEEN ONSET AND DEATH 2 days
		Conditions, if any, which) Conditions, if any, which) Pulmonary emphysema, fibrosis and yrs.						
		gave rise to immediate cause (a), stating the <u>underlying</u> cause last.	DUE TO		atelec	tasis		
	CATION			ontributing to death bu			DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
-	CERTIFIC	20g. ACCIDENT WAS UNDERLYII OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH	RIBE HOW INJURY OCCURR	ED. (Enter nature af injury	in Part I or Part II of	tem 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Hour a.m. p. m.	Day, Year 20d. IN While at wark	Not while fo	LACE OF INJURY (Home, forctary, street, affice bldg.,		vn) (C	ounty) (State)
		21. I certify that (1) (this haspital) attended the deceased fram. Foliable 1961, to Foliable 1961, that (1) (we) last saw the deceased alive an Poliable 1961, and that death accurred at 1884, from the causes and an the date stated above.						
		22a. SIQNATURE	V. Ch	ere.	M.D. ATTENDING PHYS.	MED. STA	AFF	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) HENR	Y V. C	HAJE	22d. ADDRESS	2 HURCH	SJ. , FR	DERICK
	23a	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	11.1961	23c. NAME OF CEMETERY O	r CREMATORY 's Luthera		City, town, or caunty)	(State)
	24.	FUNERAL DIRECTOR'S SIGNATUR		ADDRESS	250	D BY REGISTRAR	25b. REGISTRAR'S SIC	SNATURE

C LIBERT King grown S gently volta Aside ten Paragona A Seat M. All Committee and a seat of the se State (New York) z star z z find Landy war A. St. of the control of t

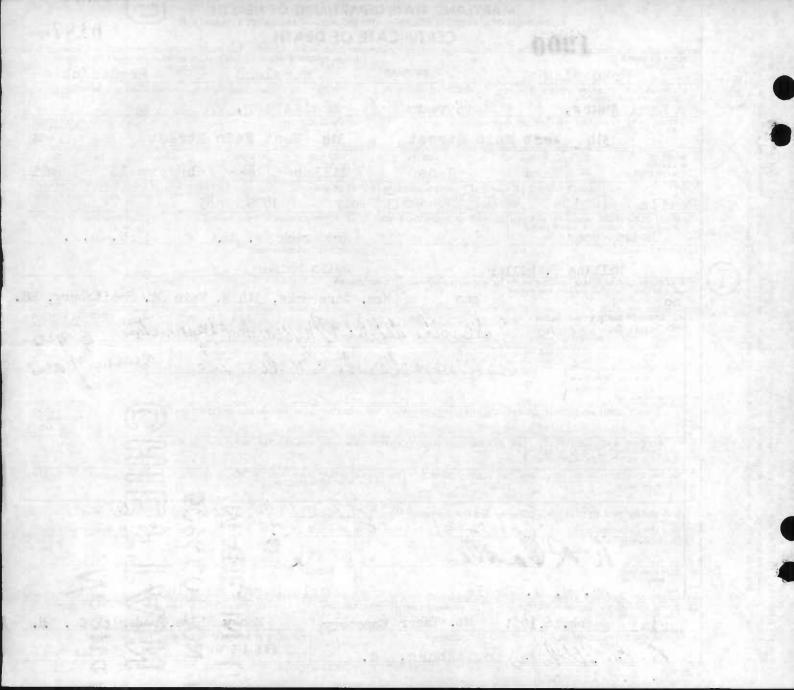
— —						
1	PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE Marylan	b. COUNTY	on: Residence befor	
T	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid			B. A. L. T. C.
	RURAL and give nearest town) Frederick		Brunswick	2	-	
H	d. NAME OF HOSPITAL (If not in haspital, give street a	ddress)	d. STREET ADDRESS			e. IS RESIDENCE
L	OR INSTITUTION Memorial Hos	spital	912 East "B	tt	1	YES NO
3	-(///4/6	Middle M	2 14 /1	DATE OF DEATH FEB	th Do	1961
S	SEX 6. COLOR OR RACE 7. MARRII		7-3-1900	9. AGE (In years last birthday) 0 yrs.	Manths Days	Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done 10b. K				12. CITIZEN OF	WHAT COUNTRY
	during most of working life, even if retired) Housewife	Home	Pennsylvan		U.S.A	•
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Charles Painter	r	Sadie	Livingsto.	n	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	NFORMANT	Addr	ess	
	No lives and or date or service)	Mr	s.Vivian Dau	gherty, Bru	nswick,	Md,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	replication (c).	Carcinom	tooin in		ERVAL BETWEEN SET AND DEATH 6 mm
	Conditions, if ony, which gave rise to immediate cause (a), stoting the <u>under-lying</u> couse last. (c)	enother	none of I	the overy		Me
	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
CEDTIE	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Port	I or Part II of item 1B.)		
1401014	G 20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. While p. m. 19 at work	Not while fo	ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., etc.)	Of. (City or tawn)	(Caunty)	(State
	21. 1 certify that (1) (this haspital) attended saw the deceased alive an February 17		death accurred at 11PM,	,		nat (I) (we) last e stated above
	Herry V. Cha	OR PHYS.	21	226. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type) / Enry V. (hase	4 E Churc	h St Fre	ederic	K Md
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 2-21-1967	23c. NAME OF CEMETERY C	4	LOCATION (City, town,		(State)
2	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY	REGISTRAR ZSS. KEO	STRAFTS JICHARD	Œ.
	Hill for Brunsy	viek.Marvlan	DATE FEB	23 '61 0	Tribur & H.	

Then please remove carbon papers. Pages 1 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then pleose remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remaval, and in ony event, within 72 hours ofter death. VR A1S (4) 1SM 9/59

G PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

SEP NEW and the same of th The second secon CONTRACTOR netamint of bloom of the state of the state of the same of the the second second of the large and the Hearn & Chase Helhamh to Indian Whi to a first the contract of the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 17 NAME OF First Middle 4. DATE Lost Month Yeor Day DECEASED DEATH (Type or print) 196 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Min. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 - INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work August 199 that I last saw the deceased 21. I certify that I attended the deceased from ___ 19. 10. to _, and that death occurred at 4:30 DM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 3 shauld PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

FUNER VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

	₹X E
	Mark Street Services
Bullyana provide a provide a first	
	A LEGISLA CAMPACA AND A
2 m.	and the second second
The second of th	
	S - LA PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1000 CERTIFICATE OF DEATH

1	902	CERTIFICA	ATE OF DEATI	H	Reg. Dist. No.	01878
1. PLACE OF DEATH o. COUNTY	DERICK	MARYLAND	2. USUAL RESIDENCE (WO O. STATE MARYL	here deceosed lived. If institution AND b. COUNTY	FREDERICK	odmission)
b. CITY OR TOWN (If outs RURAL and give genes)	ide corporate limits, wro town! KERSVILLE	c. LENGTH OF STAY IN 16		outside carporote limits, write RUERSVILLE	JRAL and give neare	it tawn)
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give st	reet oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? 'ES NO A
3. NAME OF DECEASED (Type or print)	FANNIE First	Middle REBECCA	Lost MUSSER	4. DATE Mont OF 2	b 25	Yeor 19 61
5. SEX 6. C	THE PARTY CONTROL	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug, 18thl	1 1	Months Doys	
10o. USUAL OCCUPATION (G during most of working li HOUSE WI	ive kind of wark dane to even if retired)	Own Home	ISTRY 11. BIRTHPLACE (Stole MARYLAN		U.S.A.	WHAT COUNTRY?
13. FATHER'S NAME CHARLES D.	BURRIER		14. MOTHER'S MAIDEN I			
15. WAS DECEASED EVER IN I (Yes, no. or unknown) (If yes,	J. S. ARMED FORCES? give wor or dates of service}		OMROE MUSSER	Charing Cross		o 29 Md
Canditians, if any, we gove rise to immediate to use (a), stating the use lying couse last. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING OR CONTRIBUTING (If EITHER, NOTIFY MEDI	diote DUE TO	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	inal disease condition givi		WAS AUTOPSY PERFORMED? ES NO
	DERLYING [] 20b. AUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)		
Y 20c. TIME OF INJURY M Hour o. m. p. m.	w w	Od. INJURY OCCURRED 20e. Pl /hile Not while work of work	ACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City ar town)	(County)	(State)
21. I certify that I alive on 24. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Jam	attended the dec	Honey .	, 19 61, ta 19 61 occurred at 6 45	A.M., fram the causes a ADDRESS (Street, city or town,	nd on the date	
22a. BURIAL, CREMATION, 2 REMOVAL (Specify) Burial	2b. DATE THEREOF 2/28/61	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town, of rederick	r county)	(State) MD
23. FUNERAL DIRECTOR'S SIG		Walkersville	A/I	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	

DATEFEB 2 8 '61

may be retained by ospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in the function, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITA VS A15 (4) 15M 9/5S

1909	HTABO TO BI	
The second secon		
MANUFACTION (SAID)	Sent Area . Turk	
el mus		. 6 9
THE PART OF LOW OF		
DEPT TORONS TO SET THE SET OF SET THE SET OF SET THE SET OF SET O		
	do alt mair Ald F. J., N. Betyrios Lat. Hora Dalletta	
	of art was a furth of the believes of the beli	

VS A15 (4) 15M 9/55

No.	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1
TYPE	10A9 CEPTIEICATE OF DEATH

CERTIFICATE OF DEAT	T
---------------------	---

Reg. Dist. No. (1187)

1.	PLACE OF DEATH a. COUNTY	Frederick		MARY		2. USUAL RE a. STATE		-	lived. If institution b. COUNTY	ATT)
-				Maryland Prederick								
	b. CITY OR TOWN (If RURAL ond give new	prest town)	ts, write	c. LENGTH OF STAY	IN 16				RURAL and give nearest town)			
-	Frederick 1 Month					Frederick						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?						ARM?	
	15 W. All	Saints S	stre	et		15 W.	All	Saint	s Stree	et	YES 1	10 17
3.	NAME OF DECEASED	Fir	st	Middle		L	ast	4. DATE OF	Man		Day Yea	
-	(Type or print)	Ollie			lor	•		DEATH	Februar	ey 12	19	61
5.	SEX	6. COLOR OR RACE	7. MARI	RIEDIX NEVER MARRIE	D 🔲 8.	DATE OF BIR	RTH		P. AGE (In years last birthday)	Manths Days		
-	ale	0020204	WIDOW		- 1		5-190	1	59 yrs.	Manths Days	Haurs	Min.
10	lo. USUAL OCCUPATIO during most of worki	N (Give kind of work on life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTH	PLACE (State o	or foreign ca	untry)	12. CITIZEN	OF WHAT CO	DUNTRY?
	Railroa	7			11 11	Fre	deric	k. Co	. Md.	U.S	3 . A .	
13. FATHER'S NAME											- 1	
1	Charlie E	. Navlor				Add	ie Lo	uise	Brooks			
											erick,	Md
1,	No	r yes, give wor or agies or s		Unknown	ME	Tlie	Holla	nd-15	W. A"			
	18. CAUSE OF DEAT	TH [Enter only one co		ne far (a), (b), and (c).]						Ith	TERVAL BETW	/EEN
		H WAS CAUSED BY:	1	Canalina	_	Tosis.	-7			01	NSET AND DE	HTA
	151	DUE TO			-		1	LAVE	The same of	1	Top IV	40
	Conditions, if an	u ubid \										
	gove rise to im	mediote (
	couse (o), stoting to	he under (c										
Z				CONTRIBUTING TO DEA	TH BUT N	OT RELATED 1	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19 WAS AU	TOPSY
ATIC											PERFORM	IED?
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING [7]	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature	of injury in P	art Lar Part	II of item 18.)		YES N	10
188	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH				(2						
_		Month, Day, Yes	or 20d II	NJURY OCCURRED	20e PLAC	E OF INITIRY	(Home, farm,	20f. (City o	ne terral	10	1	(5
MFDICAL	Haur a. ft.	19	While	Not while	facto	ry, street, affi	ce bldg., etc.)) [or rown,	(Count)	"	(State)
12			_	k of wark	4.5				10 /2			
	21. I certify the	t I attended the	deceas	ed from OO	5/5		2, to_			that I last		
	alive on	15-3	, 126	, and that	death o	occurred a			the causes a		ate stated	above.
	ACTUAL	1/ 1	2	2				ADDRESS (Str	set, city or town,	state)	DATE	SIGNED
	SIGNATURE	secole.	11	ann	M	D						
	PHYSICIAN'S											
			etin						Street.		cick.	Md.
27	O. BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREC	F	22c. NAME OF CEME		CREMATORY			ON (City, tawn, a		(State)	
	Burial	2-16-6		Fairvie	W			Fred	lerick,	IId.		
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS					AR 24b. REGIS	TRAR'S SIGNAT	URE	-14-5
0	C.E. Hic	ks 111	Fre	derick, M	arv	Land	DATE FE	B 2 0 '6	1. a	Alun S. th	aus	

Concinented - ? ming the of the 37 7175 and become in all behind to \$ 1000 three \$ 100. 5 161 all the rest warms on 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01880

		4	CERTIFICA	IL OI D	SAIII			(1200)
1. PLACE O o. COUN			MARYLAND	2. USUAL RESII	Maryland	ased lived. If institutio b. COUNTY	n. Residence b	
RURAL	OR TOWN (If outside corporate limit ond give nearest town) derick	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If outside co	rporote limits, write RU LCK	JRAL ond give	nearest town)
ORIN	of Hospital (If not in hospital, gistitution Rosemont Avenue	give street	oddress)	d. STREET A	Rosemont	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	D		Middle FULTON	NICOI	EMUS, SPEA		uary	25, 19 61
s. sex Male	6. COLOR OR RACE White	7. MARE	RIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT	20, 1900	9. AGE (In years lost birthday) 60 yrs.	Months Da	EAR IF UNDER 24 HRS
Presi) _	kind of Business OR INDU	ny Ma	ryland	n country)	12. CITIZEN	USA
13. FATHER'S				14. MOTHER'S	MAIDEN NAME			
IS WAS DE	A. W. Nicodemus CEASED EVER IN U. S. ARMED FOR			NFORMANT	Annie The	mas Addr	nee	
(Yes, no, or un		ervice)			beth K. N	Vicodemus—S		Item #2
Cond	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO itions, if ony, which rise to immediate DUE TO	, a	ongera Ttrio-Scle	Pla	toris	yart. d		INTERVAL BETWEEN POSET AND DEATH MINISTER AND DEATH
NO Iying	COUSE IOST. (COUSE IOST.) PART II. OTHER SIGNIFICANT CON CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH	DITIONS O	CONTRIBUTING TO DEATH BUT	elned.	- Chro	ine	EN IN PART 14	PERFORMED? YES NO X
₹ 20c. TIM	IER, NOTIFY MEDICAL EXAMINER) RE OF INJURY Month, Doy, Yeour o.m. p. m. 19	ar 20d. II While of wor	Not while fo	ACE OF INJURY (ctory, street, office		City or town)	(Cou	nty) (Stote
22 SIC 22 SIC 22c. PH	ertify that (I) (this hospital he deceased alive an 24 NATURE 1/2 (YSICIAN'S ME (Type) Charles H.	rile	ded the deceased from.	M.D. ATTENDIN PHYS. 22d. ADDR	MED. DIRECTOR ESS	STAFF	d an the d	226. DATE SIGNED 28/1961
23a. BURIAL BUT	CREMATION, 23b. DATE THEREO Feb. 28,1		23c. NAME OF CEMETERY C		-	cation (City, town, o	-	(Stote) aryland
	Etchison & Son,	Free	ADDRESS derick, Maryla	nd	250. REC'D BY REC		TRAR'S SIGNA	

I director, TO HOSPITAL AT NING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effert may be rebained by Aspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the figure 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

ING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

Page 4

DOMESTICS. . The second control beginning to the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01881

1. PLACE OF DEATH a. COUNTY	Frederick	MAR		. STATE	CE (Where decease Mar vlan	. b. COUNTY		pefare admiss	
b. CITY OR TOWN (RURAL and give n Thurm (If outside corporate limits, w	c. LENGTH OF STA		. CITY OR TOW	/N (If outside corpo	67	RURAL and give	nearest town)
d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in haspital, give st Home	treet address)		d. STREET ADDR	RESS				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	James E	midd dward Nun	emaker	Last	4. DATE OF DEATH	Febr	uar v 2	00	Year 19 6]
s. sex ma l e		DOWED DIVORC	ED 🗆 Au	g. 21,	1875	9. AGE (In years last birthdoy) yrs.	Months Do		Min.
during most of wor Teamstel	ON (Give kind af wark dane king life, even if retired)		• Furn		state or foreign or yland	country)		J.S.A.	
John	Jacob Nune	maker	14	. MOTHER'S MA	Sarah A	nn Jam	ison		
15. WAS DECEASED EVE (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)				rt Swee		^{lress} hurmor	nt, Mo	a. RI
Conditions, if a gave rise to cause (o), stoting lying couse last.	immediate DUE TO	Interiosal	erose	-, ge	waliz	ecl 00		5 year	N
CATIC	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D					VEN IN PART 1	FERE	AUTOPSY ORMED?
	AS UNDERLYING CONTROL 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY	OCCURRED. (E	irer nature of in	jury in ron i or ro	in it di nem ro.)			
20c. TIME OF INJU Haur a. m. p. m.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Not while Not while at work		OF INJURY (Horr street, office blo	ne, farm, 20f. (Cit dg., etc.)	y or town)	(Cou	inty)	(State)
21. I certify the	at (I) (this haspital) at			thy 15	, 1960, ta	the causes a		, thot (I) (late stated	
22g. SIGNATURE	most y	dy.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22	b.DATE SIGNED
22c. PHYSICIANS NAME (Type)	James K	Gray		22d. ADDRESS Th	urmont,	Maryla	nd		
BUTTAL Specify	23b. DATE THEREOF	23c. NAME OF CE Lewisto				ATION (City, town, JOWISTON	n Ma	aryla	
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS Thur	mont,	3.5 3	ATEER 2 3 16		ISTRAR'S SIGN		

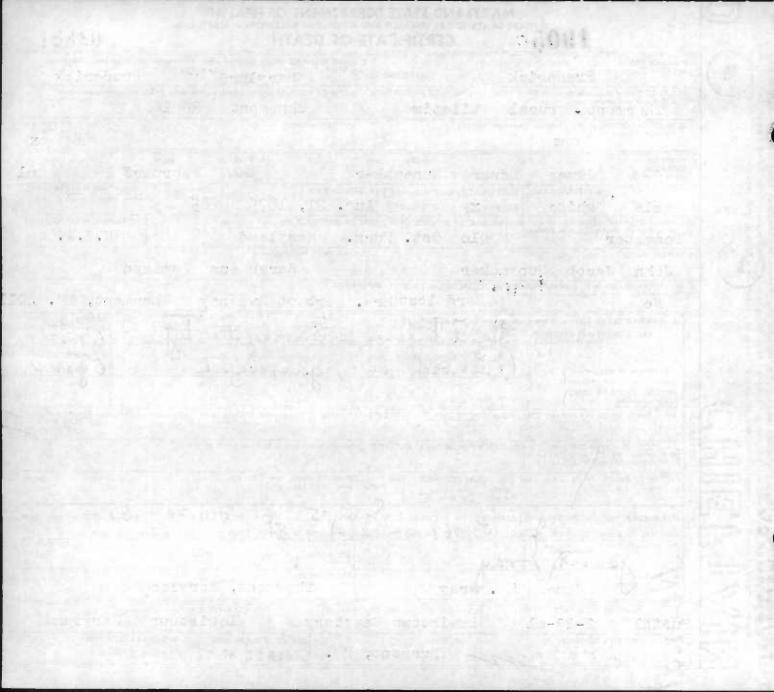
may be retained by aspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remay carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, ar remayal, and in any event within 72 hours after death. ING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO HOSPITAL

Page 4

N

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-)	1	8	8	2

	1300	CERTIFICA	IL OI DEAT			- 1	1002
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased l		an: Residence befa	re admissian)
a. COUNTY Fred	erick	MARYLAND	o. STATE Maryla	and	b. COUNTY	Frederic	ck
b. CITY OR TOWN (IF	autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpora	te limits, write RI	URAL and give ned	arest tawn)
RURAL and give near		Life	11 Freder	rick			
d. NAME OF HOSPITAL	(If nat in haspital, give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Memorial Hosp	ital	225 We	est Fift	th Stree	t	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Man	th Do	y Year
(Type or print)	BENJAMIN	FRANKLIN	PHEBUS	DEATH	Feb	ruary 1	6. 1961
S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years last birthday)		IF UNDER 24 HR
Male	White widowi	ED DIVORCED	22 Nov 1886		74 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done 10b.				ntry)	12. CITIZEN OF	F WHAT COUNTRY
Retired-Regi	onal Warden In	land Game & Fi	sh Frederic	ck, Md.		USA	
13. FATHER'S NAME	Co	mmission	14. MOTHER'S MAIDEN	NAME			
George Phe	bus		Elizabeth	Fisher			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. yes, give war or dales of service)	SOCIAL SECURITY NO. 17. II	NFORMANT		Addr	ress	
Yes	WWI 2	12-38-8655 Mr	s. Daisy Y. I	Phebus	(Same a	s item #:	2)
18. CAUSE OF DEAT	H [Enter anly one cause per li	ne far (a), (b), and (c).]	1	00	00		ERVAL BETWEEN SET AND DEATH
PART I. DEATH	WAS CAUSED BY:	arcuror	na of	bla	dde	1/ 3	3 cys.
181	DUE TO						0
Canditians, if any	which 1	enerales of C	Marsonet	man of	- Uno	· min	
gave rise to im	mediate DUE TO		0 -6 -	A	,		
lying cause last.	e under-	reteral o	of slive	leon		- 6	
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	mone o	prosta	te				PERFORMED?
E 20a. ACCIDENT WAS	UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part	I of item 1B.)		
OR CONTRIBUTING [J CAUSE OF DEATH EDICAL EXAMINER)	,					
3 20c. TIME OF INJURY	Manth, Day, Year 20d. I		ACE OF INJURY (Hame, far		ar tawn)	(Caunty)	(State
20c. TIME OF INJURY Hour a. m. p. m.	19 While at war	IADI MUIS	ctory, street, affice bldg., et	rc.)			
			21 aug. 11	60 ta /	6 Feb	-106/ H	nat (I) () la:
	(I) (this has pited) attend	led the deceased from:	death occurred 2:10)A			idi (i) () idi
saw the decease	d dilve dn /F	2 - 1991, and that		<u>~</u> ™, fram f	ne causes an	a an the date	22b.DATE
(Kolol	MAID	ruch	M.D. ATTENDING	AED.	STAFF PHYS.	17 Fe	eb 1961 GNE
22c. PHYSICIAN'S	- (2, 0 0		22d. ADDRESS	DIKECTOR L	rnis.		
NAME (Type)	Rebert D. Crou	ch. M. D.	806 Toll	House A	ve. Fr	ederick.	Make. Me
		23c. NAME OF CEMETERY O			ON (City, tawn,		
230. BURIAL, CREMATION	2-20-61	Mount Olive			erick, Ma		(State)
24. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTR		STRAR'S SIGNATU	RE
M. R. Etc	hison & Son, F		land Fi	EB 2 0 '61	an Zab. NEGI	Thur S. Krai	
			DATE"				

TO HOSPITAL ATT SING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often dark. Page 44 may be retained by aspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/S9

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

		CONTRACT OF STREET	***	
	Me Boken 1			
			4.4	
	• •			
	HARD TANKS SED			
	and strainful at minimum. Management the strains			
with your different control of the c	A to the second			
			10.7523	
Digit on Ar		The Part	OBJA	,
· * * (* *) * (*)	856 Poll Samples of		di . C. Branch	
and a suit	Districted in Companies of		~ _	in terms
	Total State	· ·	1 100 m m 100 100 100 100 100 100 100 10	

HTLEST OF THE STATE OF THE STAT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) A STEET ADDRES Frederick Nemorial Hosp Roscoe R				
	COUNTY Fre	ederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution, Rand b. COUNTY F	
t	RUPAL and give the Frede:	(If outside corporate limits, write learest town) LCK			William -	L and give nearest town)
(d. NAME OF HOSPI OR INSTITUTION	Frederick Me	emorial Hosp	12 Maple	Ave.	ON A FARM?
- 1	NAME OF DECEASED (Type or print)				OF Feb	1902
T	ale	White	ED DIVORCED	Jan. 13, 191	9 last 4 prohiday) Mo	onths Days Hours Min.
	Storeke	rking life, even if retired)		e Walkers	villa, Md.	
	ROSCOE			Ruth &	REDDICK	
15. (Yes	WAS DECEASED EV					lkersville
		ATH WAS CAUSED BY: 211		hageal vari	ces	INTERVAL BETWEEN
	Canditions, if	any, which (b) Ci	rrhosis of	liver		5-10 yrs
	lying couse last	the under DUE TO Ma				
CERTIFICATION						PERFORMEDY
	20g. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING (1) 20b. DES G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	While	Not while_			(County) (State)
	21. I certify alive on Fell	that I attended the decea 0 · 18 19		th accurred at 5 30	AM, fram the causes and ADDRESS (Street, city or town, state	an the date stated above e) DATE SIGNE
	PHYSICIAN'S NAME (Type)		nels	m.v		
220	REMOVAL (Specif	ON, 22b. DATE THEREOF 2/21/6/	22c. NAME OF CEMETERY	OR CREMATORY	Woodslim	ounty) (State)
23.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24g. REC	D BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE

DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. may be retained by Aspital or ottending physician.

O FUNERAL DARECT After this certificate has been signed by the attending physician and completely filled in he for page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registror prior to burial, crematian, or remaval, and in any event within 72 hours after death. moy be reto TO HOSPITAL VS A15 (4) 15M 9/55

director, be filed with

069

I

Page 4

			mout
No. We death make			Address open 18-12
	nd Javas or Jane		
	.s a stander	age in amples in	
			To SITE OF TEACH
	e ii	argotta village	
TO THE ROLL OF THE		.28 000	on the said beauti
arzivenia (see	Cer Mag. (Math 192		
	too her for		
		mula berusted	
	AND DESCRIPTION OF		
		Modern St. T. of	TO SEE SEE SEE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

FOR STATE HEALTH DEPT.

of Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1908 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.01884

Reg. Dist. No.

1. PLACE OF DI		h	MARYLA	o. STATE 9	DENCE (Where dece	osed lived. If institu		pefore admission)
	OWN [If outside corporate limit	b, write RURAL	c. LENGTH OF STAY IN		TOWN (If outside co	orporate limits, write	RURAL ond give	neorest lown)
Dick	erson Rl	TI	14-7/20	De	ekisso	n. K. Fr	DI	
d. NAME OF	HOSPITAL OR INSTITUTION	ON (If not in hosp	pital, give street address)	d. STREET A	DDRESS			o. IS RÉSIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	1) John	First	The sles	y Post	A. DATE OF DEATH	Jehrez	h Do	Yeor 1961
5. SEX	6. COLOR OR R	ACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years Jost birthday)	IFUNOTR TYEA	
male	White	WIDOWED	DIVORCED (april,	10,1886	74 yrs.	Months Days	Hours Min.
10a. USUAL OC during most o	CUPATION (Give kind of the working life, even if reli	work done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
tom	Labore	V	Farming	772	derick	Co	a.	S.u.
13. FATHER'S N	AME	Foren	1	14. MOTHER'S	MAIDEN NAME	1 - 0		
15. WAS DECE	ASED EVER IN U. S. ARME	D FORCES? 18	SOCIAL SECURITY NO.	7. INFORMANT	see 11	Address	~	
(Yes, no of unknow		ales of service}			derson			
IR CAUSE	OF DEATH [Enter only or		None				INT	TERVAL BETWEEN
	I. DEATH WAS CAUSED	BY:	Buch	-1-			ON	ISET AND DEATH
40	IMMEDIATE CAU		Nonch	pne	uncer			any
Condition	s, if ony, which)	E 10		y			- 3	
gove rise t	o immediate couse	(b)						
(o), stotin	g me undertying	(c)						
Z PART	II. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(o)	
YATIO								YES NO
200. EXTERI	NAL CAUSE WAS or CONTRIBUTING DEATH.	20b. DESCRIBE	E HOW INJURY OCCURRE	D. (Enter noture of in	jury in Port I or Port	II of item 18.)		
3 20c. TIME C	OF INJURY Month, Do o. m. p. m.	While	NJURY OCCURRED 20e.	PLACE OF INJURY (I factory, street, office	lome, form, bldg., etc.)	ity or town)	(County)	(Stole)
		arge of the r	remains described	obove, held an	Autopsy .	Inspection 🔣	, Inquiry 1	and in my
opinion	death resulted from	n: Noturol o	causes Accide	nt [], Suicide	, Homicio	le [], Undete	ermined mann	ner 🔲
		1)						- 4 75 (10) 100
ACTUAL	130	The	mas	M.D.	EDICAL EXAMINER			DATE SIGNED
EXAMINE	e's N	240		0	NT MEDICAL EXAMI	- 7	1 5-10	011
NAME (Ty	pel /J. b. (grathe	omas m	~	MEDICAL EXAMINER	-	- 3, 1	761
220. BURIAL, CI	REMATION, 22b. DATE TH	HEREOF	22c. NAME OF CEMETERY	OR CREMATORY		CATION (City, town,		(Stole)
Buria	IRECTOR'S SIGNATURE	/61	Potomac (Cemetery	PC 240. REC'D BY REG	otomac,	Mary Lar	
		D		(awr) and				
Rober	rt A. Pumpl	nrey B	ethesda, M	laryrand	DATE SES 9	'61 a	other & The	allA

a

TO DEPUTY (ICANKXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the cities writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funer as 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

IN SECTION AS SERVICE OF THE PROPERTY OF THE P

VR A1S (4) 1SM 9/S9

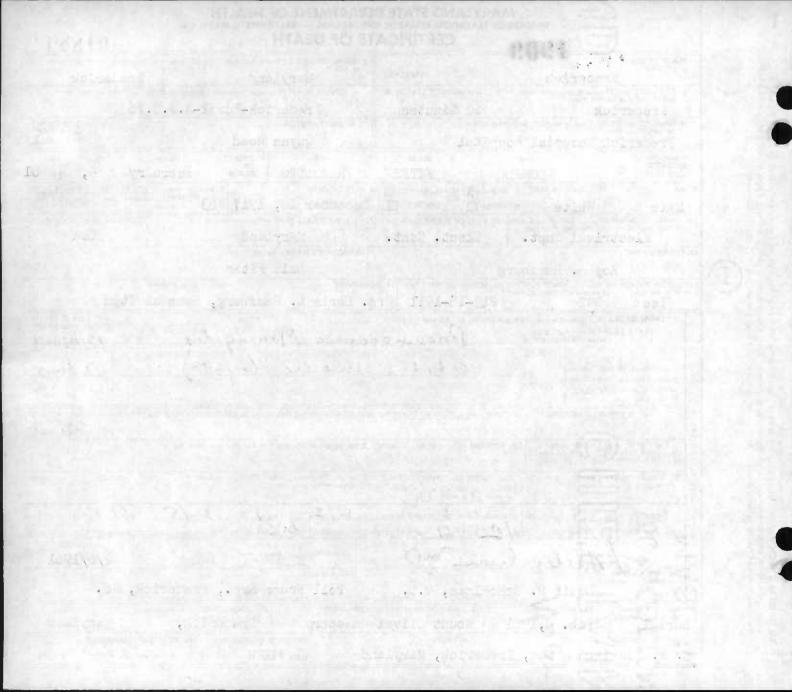
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01885

	100	()	CERTIFICA	712	OI DEAIII				TTO	00
1. PLACE OF DEATH	4.00	47			USUAL RESIDENCE (Wh.	ere decease		n: Residence	befare adm	ission)
	rederick		MARYLAND		Maryla	and	b. COUNTY	Frede	rick	
b. CITY OR TOWN (III RURAL and give ne	outside corporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF o	utside corpo	rate limits, write RL	JRAL ond give	nearest to	wn)
Frederic	•		20 Minutes		Freder	ick-Ru	ral-R.F.	0.#6		
d. NAME OF HOSPIT.	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					ESIDENCE A FARM?
	k Memorial	Hosp	ital		Quynn	Road				□ NOX
3. NAME OF DECEASED	Fire		Middle	TW	Last	4. DATE	Mont		Day	Year
(Type or print)		ALD	FITEZ		RAMSBURG	DEATH	Febru		5,	19 61
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthday)	Months Do	-	Y .
Male	White	WIDOW			ecember 10,		43 yrs.			
	N (Give kind af work of ing life, even if retired)		KIND OF BUSINESS OR IND	USTRY			ountry)	12. CITIZE		TCOUNTRY
Elect	rical Supt.		Elect. Cont.		Mary.				USA	
3. FATHER'S NAME				1	I. MOTHER'S MAIDEN N		400			
	by H. Ramsb			INFOR		Fitez	Addr			
	If yes, give war or dates of se	ervice)				la		as Iter	, 42	
Yes	WW2			rs.	Doris L. R	ansour	g, panie			
	TH [Enter only one ca TH WAS CAUSED BY:	use per li	ne for (o), (b), and (c).]		AZ	,	4.		INTERVAL ONSET AN	
PARI I. DEA	IMMEDIATE CAUSE (a)	Ineumo	co	occe //t	MING	1718		12h	فيالان
211.	DUE TO		011			1	(-)		-	(
Conditions, if a)	Otifes		medie	(vej	47)		30	any
cause (a), stating										V
Z lying couse lost.) (c		CONTRIBUTING TO DEATH B	UT NIO	PELATED TO THE TERMI	NIAL DISEAS	E CONDITION GIV	ENI INI PART 1	(a) 10 WA	S ALITOPSY
OF FARE II. OIF	IER SIGNIFICANI CON	DITIONS S	CONTRIBUTING TO DEATH B	01 140	I KELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EIN IIN FAKT II	PER	FORMED?
20a. ACCIDENT WA	S LINDERLYING 🗆	20h DES	CRIBE HOW INJURY OCCUR	RED (F	nter nature of injury in I	Part Lor Par	t II of item 18.)		163 (NOL
OR CONTRIBUTING	CAUSE OF DEATH	200. 013	CKIBE HOW HAJORI OCCOR	KLD. ĮL	mer narore or injury in t	41110114	111 01 110111 1017			
		ar 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Hame, farm	, 20f. (City	or town)	(Cau	enty)	(State
Haur a.m.	19	While of wor	Not while		, street, affice bldg., etc.					
		1			n i 4	C.A.	2 10	10/1		
The state of the s) aftend	ded the deceased fram			Ga ta_		, 19.6./		
saw the deceas	ed alive an	13	19_(_/., and that	deat	h accurred a 6:4	M) fram	the causes an	d an the c	late state	
The solutions	7180000	e	mi	M.D.	ATTENDING MI	ED.	STAFF PHYS.		2/6/1	226. DATE 961.
22c. PHYSICIAN'S	100 6.0-00			171.0.	22d. ADDRESS	KLCTOK_	,,,,,		-/ -/ -	, , , , ,
NAME (Type)	Louis R.	Scho	olman. M.D.		Poll Hous	e Ave	., Freder	ick, M	d.	
230. BURIAL, CREMATIO			23c. NAME OF CEMETERY	OR CR			TION (City, town, o			tate)
REMOVAL (Specify)			Mount Olive				derick,	, ,	Maryl	
24. FUNERAL DIRECTOR'			ADDRESS			D BY REGIS		TRAR'S SIGN		
M. R. Etch	ison & Son.	Fre	derick, Maryl	and	DATE F	B 9 '	61 a	ullun S. 7	Trave	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick o. COUNTY b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town? Thurmont R.F.D.I Thurmont Por FID TON (If not in hospital, give freet outres) d. STREET ADDRESS 3. NAME OF 4. DATE Middle DECEASED Earl Carlton Ramsburg Fubvrary DEATH 16 (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Malle White July 19,1919 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup during most of working life, even if retired) Farmer Frederick County pages 13. FATHER'S NAME Charles Ramsburg Cora May Staub form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21/1-1/1-6992Mrs Pauline L. Ramsburg, Thurmont R.F.D. I 18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cononary Thrombosis I/2 hour-DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, lEnter noture of injury in Port 1 or Port II of item 18.3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work the 21. I certify that I tack charge of the remains described above, held an Autopsy , Inspection X, Inquiry XI. 0 execute the forward to 4 should be forward to 5 funeral director: p funeral director. opinian death resulted from: Natural causes 🔭 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. Feburary 16.1961 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 10 4 0 Feb.19. '6] Utica Lutheran Cemetery Thurmont R.F.D.#1 Maryland
Y REGISTRAR SIGNATURE

Frederick, Maryland

e. IS RESIDENCE ON A FARM? YES NO

Yeor

19

PERFORMED? NO X

(State)

and in my

DATE SIGNED

arthur & throws

240. REC'D BY REGISTRAR

FEB 2 0 '61

YES T

Hours

6 T

VS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

Section 5. Control to the Plantage of Page 1986. Process and the contract of th sale beaution, netrobarations of the

CERTIFICATE OF DEATH

01887

		CERTITION	TE OF BEATH		
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: R b. COUNTY	esidence before admission) lerick
b. CITY OR TOWN	(If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Thurmo	outside corporote limits, write RURAL	L ond give nearest tawn)
d. NAME OF HOS OR INSTITUTION	PITAL (If nat in haspital, given Home	re street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George First	W. Ramsbu	rg	4. DATE Month OF DEATH Feb.2I	96 I 19
s. sex Male	Wh 4 + -	7. MARRIED NEVER MARRIED NOT	8. DATE OF BIRTH Aug. 8. 1975		ONDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
Threshe	TION (Give kind of work do orking life, even if retired)	Own rig		or foreign country) n .Fredk.Co.Md	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel	Ramsbu	ırg	Savilla	NAME Baugher	
1S. WAS DECEASEDE	VER IN U. S. ARMED FORCE	vice)	nformant nn M.Ramsbu	Address Thurmont.	MD
Canditions, if gove rise to cause (o), stolir lying couse los	immediate ag the under-	Severalized Or	lerios deroz	IINAL DISEASE CONDITION GIVEN I	PERFORMEDY
20g. ACCIDENT	WAS UNDERLYING 2 2 NG 2 CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	YES NO Z
20c. TIME OF INJ Haur o. n	URY Month, Day, Year		LACE OF INJURY (Home, farractory, street, office bldg., etc.		(County) (Stote)
saw the dece	ased alive an Fel	attended the deceased fram.	death accurred at 3	M. From the causes and a	1961, that (1) (we) last in the date stated above.
22a. SIGNATURE 22c. PHYSICIAN NAMP (Type	quest. E	fray	M.D. PHYS. D	STAFF PHYS.	SIGNED
		CIT. ST.A	Thurmont	• MD	
230. BURIAL, CREMAN	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or co	

TO HOSPITAL AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 haursafer remay be retained by haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by rine funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with VR A1S (4) 1SM 9/59

			3243
MALTO SETTEMENT			317,78547
	Polymore		
e de les la cons		Ext.	
			A went was
			The same of the same
	Company of the Company		
			过滤路

director

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1000	1019	1011 01	CEI	RTIFICA	TE C	OF DEAT	Ή	, ,	MARILAND		().	188	8
1. PLACE OF DEATH	rederick			MARYLAND			(Where dec		lived. If instituti b. COUNTY		eder		
b. CITY OR TOWN I	(If outside corporate limited as town)	ts, write	c. LENGTH O	o yrs.	c.	Rocky			rote limits, write R RFD (-	give nea		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, ç	ive street	address)		d.	STREET ADDRES	S						IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	John		sley	Middle Rems	bur	Lost E	4. DA		Feb		3	,	Year 6:
s. sex	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED		of BIRTH	, 188		9. AGE (In years lost birthday) ors.	Months 1	R 1 YEAR Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of war Laborer	ON (Give kind af work rking life, even if retired	1	Rubber				tote or fore yland		ountry)	12.CI		S.A	OUNTRY?
13. FATHER'S NAME Emanuel	Remsburg	Ś			14. /	NOTHER'S MAIDI	en NAME Ouise	1	Green		10		
1S. WAS DECEASED EVI Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		social secur 13-24-		Mrs	• Edna	W. F	Ren	nsburg		cky	Rid	ge, l
	ATH [Enter anly ane co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	6	ne for (o), (b), c	el the	ron	ulosis.	-					day	
gave rise to cause (o), stating lying couse lost.	immediate DUE TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1201					1	
PART II. OT	THER SIGNIFICANT CON		CONTRIBUTING	TO DEATH BU	T NOT R	ELATED TO THE T	ERMINAL DI	ISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 15	9. WAS A	AUTOPSY RMED? NO Z
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURR	ED. (Ente	r noture of injury	y in Part I a	r Part	I II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. II While at wor	NJURY OCCURI	6.		INJURY (Home, reet, office bldg.		(City	or town)		(County)		(State)
	at (I) (this haspita						17		Felin 3 the causes ar			,,,	ye) last
220. SIGNATURE	James To	Str	au_	, and mar		ATTENDING HYS.	MED. DIRECTO		STAFF PHYS.	id dii ir	ie dale		b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	James	K.	Grav	44 54	2	2d. ADDRESS T	hurm		. Mary	land			11.9

23a. BURIAL, CREMATION, BULL Specify) 23b. DATE THEREOF 2-5-61 23c. NAME OF CEMETERY OR CREMATORY
Creagerstown Cometery

Thurmont, Md.

ADDRESS

23d. LOCATION (City, town, or county)
Creagerstownm Md.

25a. REC D. BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

THE STEP SHOW IN SHOW IN SHOW CONTRACTOR CONTRACTOR A STATE OF THE STA .

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()	-6	0	1		
_11	#	X	A	1	
	-	V	-	2.7	

										- 1-1-	AAU_
1. PLACE OF DEATH o. COUNTY	rederick		MARYLA		a. STATE Ma	ryl;		ved. If institut b. COUNTY	ion: Residence	before o	dmission)
b. CITY OR TOWN	(If outside corporate limits, v	vrite c. LE	ENGTH OF STAY IN	116 ¬	c. CITY OR TO	WN (If o	utside carporot	e limits, write f	RURAL and gir	ve nearest	town)
Middlet			life		Mi	ddl	etown		130		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give	street addre	ss)	1	East M		Stree	t			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First Walt	er	Middle L.	Ren	lost		4. DATE OF DEATH	Moi	nth 2	Day 22	Year 19 6:
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.1	DATE OF BIRTH		9.	AGE (In years lost birthdoy)			UNDER 24 HRS
male	white wi	DOWED 🗌	DIVORCED		5/9/18	79		81 yrs.		Doys H	ours Min.
Oa. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)	10b. KIND	OF BUSINESS OR	INDUSTR	11. BIRTHPLAC	E (Stote o	or foreign coun	itry)	12. CITIZ	EN OF WI	HAT COUNTRY
insurance		insu	irance	=735	Mary	lan	d			U.S	•
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN N	AME				
Georg	ge I. Remsb	erg		100	Susa	n Si	nith				
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES		AL SECURITY NO.	17, INFO					iress		
no	(ii yes, give wor or colles of service	217-	-32-5002	Mrs.	. Naomi	Rei	msberg	, Mid	dleto	wn,	Md.
Conditions, if a gave rise to cause (a), stating lying cause last. PART II. OT	immediate DUE TO	ONS CONT	Acal	H BUT NO	4 m	elle	ters	Perster exclusion Grand	3	P	WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING 206 G CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE	HOW INJURY OCC	CURRED. (Enter nature of i	njury in P	ort I or Port II	of item 1B.)		110	S NO E
ZOc. TIME OF INJU Havr a. m. p. m.			Not while		OF INJURY (Ho y, street, office b			town)	(Co	ounty)	(State
saw the deced	at (I) (this haspital) a used alixa an Fel		the deceased fr .196_1, and th				A I	Tel-Z	/		ated abave
22a. SIGNATURE	45em	cu	Harf	M.I			D. RECTOR	STAFF PHYS.	2	- 2	22b. DATE SIGNEI 3-61
22c. PHYSICIAN'S NAME (Type)	J. Elmer H	arp	/		22d. ADDRESS		town,	Nd			
23a. BURIAL, CREMATIC REMOVAL (Specify burial			Reformed					on (City, town,		d.	(Stote)
24. FUNERAL DIRECTO			ADDRESS		2	5o. REC'I	BY REGISTRA		ISTRAR'S SIGI	NATURE	
Gladhill	Company.	Midd	letown.	DM.	P	MICER	27 161	On	Thun 8 to	eaux.	

the ottending physicion and completely filled in extre funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Baard at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

TO HOSPITA

HIAMS TO MACHINED . E. LELL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

. A
01890
11 1 7 3 3 1 1

	OEKIII IOA	IL OI DEATH		11-0011
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	O STATE	re deceased lived. If institution: Fyland b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, wr RUPAL and give nearest town) Thurmon U	c. LENGTH OF STAY IN 16	4	urmont	L ond give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION OWN HOME	reet oddress)	d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary	Jane Riff		4. DATE Month OF DEATH Feb.	Day Year 19 6:
20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 24,		UNDER 1 YEAR IF UNDER 24 HRS anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during mast af warking life, even if retired) HOUSEWIIE	106, KIND OF BUSINESS OR INDU OWN Home	STRY 11. BIRTHPLACE (Slove of Mary)		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William T. Eyler		Margare		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)		eorge Riffle	Address Thurmont	, Md.
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cute Uperic	toxemia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate course (a) station the wader	Thronie inte	rstitual n	plotis	5 years
lying couse lost. (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Po	art I or Port II af item 1B.)	YES NO D
20c. TIME OF INJURY Month, Day, Year 20 W	Od. INJURY OCCURRED 20e. PL (hile Not while wark at wark	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) , (Stote
21. I certify that (I) (this hospital) att	1 / /	K-/	M, from the couses and c	19_6_1 that (I) (we) lost on the date stated above
220. SIGNATURE	Tray.		D. STAFF PHYS.	22b. DATE SIGNED
James K.	Gray	22d. ADDRESS Thurm	ont, Maryland	
Burial (Specify) 23b. Date thereof 2-4-61	Blue Ridge	Cemetery	Thurmont, M	ounty) (State) [aryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Thurmont			AR'S SIGNATURE

HIAR TO TRADMINES ALC: war a dan it i Thomas a series world as a common was A STATE OF THE STA The state of the s

VR A1S (4) 15M 9/S9

CARRIE Rose

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01891

		LACE OF DEATH	Frederick	111	MARYLA	- 11	usual RESID a. STATE	ence (Whe	and	lived. If instituti b. COUNTY				on)
M		Freder	TAL (If nat in hospital, gi	ve street ac		1 16	Frede	rick		ste limits, write R	1		e. IS RESI	
9	3. 1	NAME OF	Firs		ospital Middle		28 Li	ncol	4. DATE	rtment		Da		NO 🔯
		DECEASED (Type or print)	Carrie		Emma		Rose		OF DEATH	2		2		961
1	5.)5	Female	6. COLOR OR RACE	7. MARRIE	DIVORCED		LI-19-		9	AGE (In years last birthday) yrs.	Manths	Days	Haurs	Min.
		. USUAL OCCUPATI during most of wor Houses FATHER'S NAME	ON (Give kind of work d king life, even if retired) V110		IND OF BUSINESS OR		Mary 4. Mother's	land		intry)	12. CIT	U.S	WHATC	OUNTRY?
			Will Woo	dard					Mary	Hill				
		WAS DECEASED EV	ER IN U. S. ARMED FORC (If yes, give war or dates of se		OCIAL SECURITY NO.	17. INFO		1D :	unn e t	t.Fred		l= 3/1.	2	
		PART I. DE.		se per line	for (0), (b), and (c).] onbosis Lerioscle	of (lorte i Ane	a	m of (Dorse		INTI	Grand BE AND	
2	FICATION	gave rise to cause (o), stoting lying cause last. PART II. OT	the under-	PITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	VEN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
	CERTIF!	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED. (I	Enter nature of	injury in Po	art I or Part	tl of item 1B.)				
	MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Month, Day, Yea	While at wark	Not while		OF INJURY (H y, street, affice			or town)		(County)		(State)
			at (1) (this haspital) used alive on 2	~ ~~	ed the deceased f	hat dea		at 9 50	M, fram t				stated	abave. DATE SIGNED
1		22c PHYSICIAN'S NAME (Type)	Rex R1	MAR	Tin	m.b	22d. ADDRES	SS	· MA	1,	FRE	lea	ick	MU
0	23a	BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THEREO		23c. NAME OF CEMET		REMATORY		23d. LOCATI	ON (City, town,	or county)		(Stote	0)
1	24.	FUNERAL DIRECTOR		_	Fairvie ADDRESS	W		25a. REC'D	BY REGISTR	AR 25b. REG	STRAK'S S	GNATU	kend	
1	10	7. KU 7.	ello Br	unsw	ick, Maryl	and		DATE MA	AR 2 '6	61 6	Lithur.	8. Ku	ness.	E.

grass to stabilize at 121 of the state of the state of the state of south I-II In an an analysis of the ADMINISTRATION OF THE PROPERTY

1. PLACE OF DEATH

Frederick

d. NAME OF HOSPITAL (If nat in haspital, give street address)

Frederick Memorial Hospital

Francis

White

during most of working life, even if retired)

First

b. CITY OR TOWN (If outside carporote limits, write

RURAL and give nearest tawn)

Frederick

See tyr - These

o. COUNTY

NAME OF

DECEASED

S. SEX

(Type or print)

Male

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1916

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED [

& Toon Agein

Lifetime

B.

WIDOWED |

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)

CERTIFICATE OF DEATH

Sappington-Jr.

o. STATE

d. STREET ADDRESS

Last

June 8-1887

Maryland

Frederick

Mamel and

01892

e. IS RESIDENCE ON A FARM? YES NO X

Yeor

19 61

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Days

TT C A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

322 W. College Terrace

4. DATE OF DEATH

b. COUNTY

Feb.

9. AGE (In years lost birthdoy)

Month

yrs.

10

Manths

director,	uld be filled with	1	A	1)
Juend	pe f			
fun	P			

puo .= completely filled i hours after death puo corban 72 physicion .⊆ ottending physical control of the co event, with ony pup by ar removol, After this certificate has been signed by ned for use as the burial-transit permit. aspitol or ottending physicion cremotian, page 3 should be detached for use the State Board of Health prior to b

PHYSICIAN: The low requires that the death certificate be

moy be retained by VR A15 (4) 1SM 9/S9

Dece A - II	Q0'0 0	mg a mount was.	TYTIO TAT	or A Tonin		UeDeAe
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		
Francis	B. Sappington		Ma	ry Rebecca	Angell	
S. WAS DECEASED EVER	N U. S. ARMED FORCES? 16.		ORMANT		Address	Chumah Ct
Yes		8-03-5433 Mis	s Mary	Angell Sapr	ington- Fr	Church Steederick-Md
18. CAUSE OF DEATH	Enter only ane couse per li		1	1 1		INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	regestive / x	least of	Tailine		24
1120	DUE TO	1	6			
Canditions, if any	, which) (b)	teinle to	- Le	at Dr.	28420	10mm 2
gave rise to im-	mediate (1
lying couse lost.	(c)		1000			
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS PERFORMED?
PART II. OTHE Dible 20a. ACCIDENT WAS OR CONTRIBUTING IG (IF EITHER, NOTIFY M	ter mellite	in 2/10/1	whool	sinomia		YES NO
20a. ACCIDENT WAS	UNDERLYING 206. DES	CRIBE HOW INJURY OCCUPRED.	(Egger noture of	injury in Part I or Port	II of item 18.)	
	EDICAL EXAMINER)					
20c. TIME OF INJURY Hour a.m.		facts	CE OF INJURY (H	lome, farm, 20f. (City	or town)	(County) (Stot
Hour a.m.	19 While of wor	Not while to the local l	ory, sireer, office	bidg., etc.)		
21 I certify that	(I) (this haspital) attend	led the deceased fram	10/24	1960 to	2/10	9.61, that (1) (we) la
saw the decease	7 / / / /					the date stated above
22a. SIGNATURE	100	7				22b. DATE SIGNE
Hen	vy V- Ch	420 - M	.D. PHYS.	MED.	STAFF PHYS.	2-10-1961
22c PHYSICIAN'S NAME (Type)			22d. ADDRE	SS		
	Dr. Henry V. (hase	4 E.	Church St.	Frederick-	Maryland
30. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCAT	ION (City, town, or cou	nty) (State)
Burial (Specify)	2-13-1961	Mt. Olivet Cen	netery	Fr	ederick- M	aryland
4. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		250. REC'D 8Y REGISTI		
By E J,	thetman o	~ Frederick- M	10	DATE FEB 1 5 '6	1 arthur	1 S. Kraus
		7-20-21-22-7	2000	175		

SET ON A DETAIL TO WASHINGTON OF THE SECOND Moreover to entract Production The section of the contract of the section of the s District the second of the sec Youl-o and Princip H. Sagefurben ist Charl 2 24-03-045 This Day quell decided to be not the and the state of the control of the state of

indiged - brising- an armit . I in the beginning the

hantyung -kelumbang pengangangan dayili ANT-1-5 film

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OFOCO

	1917		CERTIF	ICAIL	OF DEAT	П			U	TO	29
1. PLACE OF DEATH				04	USUAL RESIDENCE	(Where deceased	lived. If institution	an: Resider	nce before	e admiss	ion)
Frederick	k		MARY	YLAND	Maryland	d		erick			100
b. CITY OR TOWN (If RURAL and give ne		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpor	ote limits, write R	URAL ond	give near	rest town)
Frederic	· ·		37 Year	rs	Fre	ederick					
d. NAME OF HOSPITA	AL (If not in hospital, g	give street o			d. STREET ADDRESS	5		- /-		. IS RES	IDENCE FARM?
	Memorial	Hospi	ital		272 West	Fifth S	treet				NO X
3. NAME OF DECEASED	Fi	-	Middle		Lost	4. DATE OF	Mon	th	Day	/	Year
(Type ar print)	WILLIA	M	HARRIS	SON	SHANKIE	DEATH	Febr	uary	7	30	1961
5. S EX	6. COLOR OR RACE	7. MARRI	ED K NEVER MARRI	ED 8. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			_
Male	White	WIDOWE	D DIVORCE	D 🔲	June 23, 1	L889	71 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (SI	tote or foreign co	ountry)	12. CIT	IZEN OF	WHAT	OUNTRY
Janitor	ing me, even il temed		rade School	ol	Mary	vland			USA		
3. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME	A				
Daniel	0. Shankle			30.4	Annet	tt Stale	v				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO). 17, INFO			Add	ress	14		
No.	If yes, give war or dates of s	.21	7-18-71.61	Mr	s. Jessie	L. Shan	kle-Same	as T	tem	#2	
+	TH [Enter only one co	use per lin	e far (a), (b), and (c).						INTE	RVAL BE	TWEEN
PART I. DEAT	TH WAS CAUSED BY:	· On	Teniano	wrote	. Quent	1-11-1	with	former.	ONS	2 AND	DEATH
1100	DUE TO		Louland	- 6 6 5	7,000		ALT SHOW				
Conditions, if ar	g which)		- 6-						1	.1.01	12
gave rise to in	mmediate (- truly	mich	-Francisco			- 31	-	W-EZ	-
lying couse lost.	the under-	.)									
	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 19	P. WAS	AUTOPSY
ATIO										PERFC YES -	DRMED?
200. ACCIDENT WA	S UNDERLYING []	20b. DESC	RIBE HOW INJURY C	CCURRED. (Enter nature of injury	in Port I or Port	II of item 18.)		-	100	
OR CONTRIBUTING	CAUSE OF DEATH										
	Y Month, Day, Ye	or 20d IN	JURY OCCURRED	20a PLACE	OF INJURY (Home,	form, 20f. (City	or town)	-	(County)	_	(Stote
YOUR HOUR a. m.	19	While	Not while	factory	, street, affice bldg.,	efc.)	or lowing	,	Coomy		(Sione
p. m.	19	ot wark	of wark								
	t (I) (this haspita			Trum	ug	19ta	2-7-				(we) las
	ed alive an 2	-7:	19.61, and	I that dea	th accurred at	2:30 Pfram	the causes ar	nd an th	e date		
22a. SIGNATURE	7	-	1		ATTENDING	MFD	STAFF		- 1- 1	22	b. DATE SIGNE
22- PUNCICIANIS	+NTY	lans	in	M.D	496	DIRECTOR .	PHYS.		2/9/	1961	
22c. PHYSICIAN'S NAME (Type)		0.764	un la		22d. ADDRESS						
	Rex R. Mar						t_Street			ck,	Md.
23a. BURIAL, CREMATIO REMOVAL (Specify)		OF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCAT	TION (City, town,	ar county)		(Sto	ie)
REMOVAL (Specify)		.961		Livet	Cemetery		erick,		Mary		1
24. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		250. [REC'D BY REGIST	RAR 25b. REGI	STRAR'S SI	IGNATUR	RE	

DATE FEB 1 0 '61

Osthur & Krous

M. R. Etchison & Son, Frederick, Maryland

the attending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. spital ar attending physician. ATT may be retai

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hau

VR A15 (4) 15M 9/59

TO HOSPITAL

	mercal scales and Street		
		An or many	
	Spale Consult Con-		stance of John L
19 -1	any 60 2-	10 - 5	
192481		entin	Mex my
	We asked done of the		

(C	ER	T	FI	C	A	TE	0	F	D	E	41	ī

01894

	1010		CERTIFI	CAIL	OF DEATH					41 (20 3
PLACE OF DEA O. COUNTY	Frederick		MARYL		USUAL RESIDENCE (WILL STATE Mary		d lived. If institution b. COUNTY			ore admissi rick	ion)
b. CITY OR TO RURAL ond (Frederic	WN (If outside corporate lim give nearest town)	its, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF of		orate limits, write RI	URAL ond	give nec	arest town	.)
OR INSTITU	IOSPITAL (If not in hospitol, and in hospitol, and in Street	give street o	ddress)		d. street address 8 Franklis	n Stre	et				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JAMES	rst 3	Middle ALBERI	r	SHOWE	4. DATE OF DEATH		ruary		4,	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRII	DIVORCED		vember 22,	1895	9. AGE (In years last birthdoy) 65 yrs.	Months .	Days	Hours	Min.
10a. USUAL OCCU during mast of Labores	JPATION (Give kind of work of working life, even if retired	d)	IND OF BUSINESS OR Lime Co.	INDUSTRY	11. BIRTHPLACE (Stote Maryla)		ountry)	12.CIT	USA	FWHATC	OUNTRY?
13. FATHER'S NAM	Thomas Frank	clin S	howe	14	Mary Ell		ien				
15. WAS DECEASI (Yes, no, or unknown)	ED EVER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO.	17. INFOR			Adde		m #2	2	
	DF DEATH [Enter only one of I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c		for (a), (b), and (c).]			high				ERVAL BE	
	if any, which to immediate	Con	hall	He,	mon fo	of en				2 %	1
	oting the under-	C) Ckv	aa bo re	nal.	Hey fitin	~~	Deser	4		2 3	5-6-
CATIO	I. OTHER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
20a. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (Er	nter noture of injury in	Port I or Por	rt II of item 18.)				
20c. TIME OF Hour		20d. IN While of work	_ Not while _	foctory,	OF INJURY (Home, farm street, office bldg., etc	n, 20f. (City	y or town)	((County)		(Stote)
	y that (I) (this haspita eceased alive on/_	1) ottende		10111	h occurred at $2A$	59, to_ M, from	1 - 30 the couses an				we) lost I above.
22a. SIGNATI	113. 134	um	1 /5	M.D.	ATTENDING MPHYS. D	NED.	STAFF PHYS.		2/0	6/196	IGNED
NAME (T	U. G. Bo		Jr., M.D.		West All	Saints	St.,Fre	deric	k, l	Md.	
23a. BURIAL, CRE REMOVAL (S Burial			23c. NAME OF CEMET		and the state of the state of	ar wa	TION (City, town, CATION K.	or county)	20	rylan	
	CTOR'S SIGNATURE	Car	ADDRESS	Marra		D BY REGIS	TRAR 25b. REGI	STRAR'S S	IGNATU	IRE	
M. H	. Etchison &	Don,	rrederick,	Mary	DATE DATE	0 7 10	1 01	1 9	Formale	A	

TO HOSPITA ATT SING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs efter different may be retained by aspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72-bours after death. VR A15 (4) 15M 9/59

ING PHYSICIAN: The low requires that the death certificate be executed within 24 haw

Page 4

HIAROTO PLADITINES PART - PART The Mark and once - sweets and school and the state of type the transfer of the trans

				Tanbust.
		GILLIAN		
- DATE	र विश्वास मार्थिक स्थापन स	ATTENDED TO		de Mak Zobell
	THE RESERVE OF THE PARTY OF THE			
	1000 E 200 E 2			
	. produced in the self			2.5000
				Talo andic
	THE RESERVE AND LOUISING	15 JUL 503 1 1 1 1		
and our was tool to take				
		07710	strade will colorate his	
But of supplied to	and the second of the second o	07710	strade will colorate his	of directors
II is all supplied to be	en argens with right to a long by ridges of the ridges of	E) = 10 s month to so places to 1 to y	ide publicado de la serio de la constante de l	A contract of the second of th
II is all supplied to be	en argens with right to a long by ridges of the ridges of	07710	strade will colorate his	A contract of the second of th

ADDRESS

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE arthur S. Terans (Stote)

certificate be may be retain page the 0

VS A15 (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

TURE OF DEATH OF DEATH

THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

A POST OF THE PARTY OF THE PARTY OF THE PARTY.

The Constitute of Secretaries

the second of the second of

rhe funeral directar,

Page 4

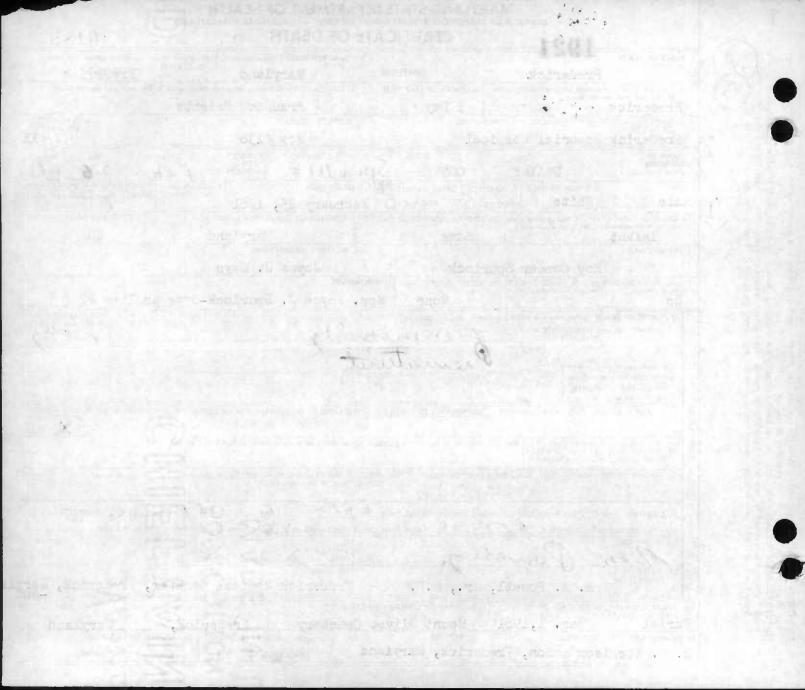
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1091		CERTIFI	CATE	OF DEA	ATH				018	97	
o. COUNTY	PLACE OF DEATH o. COUNTY Frederick			MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUNTY								
	OWN (If outside corporate lim give nearest town) ICK		GTH OF STAY IN	У 16	c. CITY OR TOV	VN (If outside			RAL and give	nearest tov	vn)	
OR INSTITU	HOSPITAL (If not in hospital, ITION ick Memorial				d. STREET ADD	RESS Sox #13	6			ON	SIDENCI A FARM	
B. NAME OF DECEASED (Type or print)	-	IE C	Middle ONNER	Spi	ar /ock	4. D	ATE OF EATH	Feb	2	Day L 6	Year 196	
Male	6. COLOR OR RACE White	7. MARRIED [] !	DIVORCED		ate of Birth	25, 19	- last	E (In years birthday) yrs.	Manths Da		-	
during mast In f	UPATION (Give kind of work of warking life, even if retired ant	dane 10b. KIND O				Mar	yland			USA	COUNT	
3. FATHER'S NA	Roy Conne	r Spurloc	k			ce J. I	Mays					
5. WAS DECEAS {Yes, no, or unknown No	(If yes, give wor or dates of		None		Joyce	J. Spu:	rlock-	Addre Same a		#2		
Condition gave rise cause (o),	to immediate DUE To	To Fre	m m mat	uni	ity to					NTERVAL E	D DEAT	
lying caus PART	e last.) (c) NDITIONS <u>CONTRIB</u>	UTING TO DEAT	'H BUT NO	T RELATED TO TH	HE TERMINAL D	DISEASE CON	DITION GIVE	EN IN PART 1(19. WAS PERF YES	AUTOF ORMED	
	NT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) INJURY Month, Day, Ye	1						1			16.	
Haur	a. m. p. m.	While No	ot while wark	factory	OF INJURY (Hon , street, office bl	dg., etc.)	f. (City or tow		(Caur	15.1	(St	
saw the c	fy that (1) (this haspital leceosed alive on	d) attended the	deceased fr	ram 2 hat deat	h occurred o				19_6_4, d on the d	ote stote	d obo	
22c. PHYSICI NAME (m Vs.	veli-	2	M.D	22d. ADDRESS	MED. DIRECTO		rs. 🗆	Two		SIGN	
	A. M. PON		IAME OF CEMET		Frederi REMATORY Cemetery	23d.	LOCATION (City, town, or	r county)		ate)	
	tehison & Son		odress ck, Mary	land		TE MAR 1	registrar '61	77	TRAR'S SIGNA			

TO HOSPITAL ATV ING PHYSICIAN: The law requires that the death certificate be executed within 24 having fer do may be retained by Spital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direpage 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed, the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

2069221XV



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	11	0	()	20
Reg	Dist	No	0	J	O

1.	PLACE OF DEATH	ederick	MARYL		USUAL RESIDENCE	(Where deceo	sed lived. If instit b. COUN	_		ore admission)
	b. CITY OR TOWN (II of ond give negres) town) Frederic	outside corporate fimits, write RURA	c. LENGTH OF STAY IN Years	116	c. CITY OR TOWN	(If outside cor derick	porote limits, write	RURAL ond	give ne	baresi tawn)
		L OR INSTITUTION (If not ederick Memor	in hospital, give street address) ial Hospital		s. STREET ADDRESS	South	Market	Street		e. IS RESIDENCE ON A FARM YES NO
3.	NAME OF DECEASED (Type or print)	ADA JAN	Middle E ELIZABET	H (STINE	4. DATE OF DEATH	Febr		24,	Yeor 61
11	sex emale		MARRIED NEVER MARRIED OWED DIVORCED		F OF BIRTH 1883		9. AGE (In years 77 birthdoy) yrs.		Days .	IF UNDER 24 HRS Hours Min.
100	a. USUAL OCCUPATIO during most of working House—work	N (Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR IN At Home	IDUSTRY 1	1. BIRTHPLACE (Stol		country)	12. CITI		WHAT COUNTRY
13	. FATHER'S NAME JO	nn W. Young		14.	MOTHER'S MAIDEN	Bussar	d			
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFOR	reston V.	Stine				Street, Land
ATION	Conditions, if an gove rise to immed (o), stating the u couse tost.	nderlying DUE TO (c)	CORONARY THROM		ELATED TO THE TERM	MINAL DISEAS	se condition gi	VEN IN PART	T 1(o) 19	P. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	SCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not while of work all work	PLACE Of factory, st	INJURY (Home, for reet, office bldg., et	rm, 20f. (Cit	y or fawn)	(Cou		(State)
			the remains described trail causes X, Accidental causes X, MoDo			Homicide EXAMINER [nanne	
	BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	2/27/1961 2/27/1961 5 SIGNATURE	Lutheran (Address Frederick, Mary	Cemete	240. REC			C. C. C. C.	NATUR	

TO DEPUTY (CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary close execute the filting the word "pending" in pending in Item, 18. Give Pages 1, 2, and 3 to the funer ectar sector 4 should be forwards to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

HYAROTO STADIFICATE OF CENTRICATE OF CENTH CALL HERE STREET CONTRACT an sales of a street of the continue of the co = 1 | 1 | 2 五年4000年1000年100日 41. (11年10日 · 11日 ALL DESCRIPTION OF THE PARTY OF in se litera a ser di con di con la contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

()	1	8	9	1	1

1	PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Frederick
1	b. CITY OR TOWN (If austide carporate limits, write RURAL and give nearest town) Rural— Ladiesburg	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Frederick
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	street address 27 East 6th St. Street address ON A FARM? YES \(\sum \) NO \(\text{X} \)
3	DECEASED	Litely 4. DATE Manth Day Year DEATH February 6 1961
9	SEX Female 6. COLOR OR RACE White Widowed Divorced D	B. DATE OF BIRTH March 16-1915 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	Oa. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) Housewife Own Home	Maryland U.S.A.
)	Charles E. Bruchey	Carrie May McKinney
	Yes, no, or unknown) (If yes, give war or dates of service) 220-01-1289 G1	rant L. Stitely-127 E. 6th StFrederick-Md.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED.
		P. (Enter nature of injury in Part I ar Part II of item 18.)
0		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	22a. SIGNATURE	leath accurred at 3.0M, from the causes and an the date stated above. ATTENDING MED. PHYS. STAFF PHYS. DIRECTOR PHYS. 2-7-1961 22d. ADDRESS Walkersville— Maryland
1	30. BURIAL, CREMATION, 23b. DATE THEREOF P. 23c. NAME OF CEMETERY OF THE PROPERTY OF THE PROPE	etery Libertytown, Fred. Co. Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

			8.001
and second			(Sp. Separ
	mor tener i		grosoftai -firm
	THE SUPPLIES THE		
	2 arch 26-1938 15		wall stars
40.0.1		can loss	eli-sun-i
	render on about		genomic vit retraid
28-7-8			
	Soul gade - sufficiently	monodia	. Ment . I
		asa canyebii .	

VR A15 (4) 15M 9/59

NG PHYSICIAN; The law requires that the death certificate be executed within 24 hour

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1924

01900

B. CITY OR TOWN (if outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest fown)		LACE OF DEATH	,	130	MARYL	10.500	USUAL RESIDENCE (Who a. STATE	ere deceased	b. COUNTY			lmission)
RURAL and give nearest town) Frederick d. NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION 250 Dill Avenue 250 Dill Avenue 3. NAME OF DECEASED (Type or print) SARAH AUGUSTA STOTEINYER STOTEINYER STOTEINYER February 8. 19 61 S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED March 10. 1870 Month Day February 8. 19 61 S. DATE OF BIRTH P. AGE (In year) Months Doys Hours Min. Female White WIDOWED DIVORCED March 10. 1870 Months Doys Months Doys Months Doys Montrs Montrs Montrs Months Doys Montrs Months Doys Montrs Montrs Montrs Doys Montrs M	1			its, write	c. LENGTH OF STAY II	N 1b		utside corpore				town)
d. NAME OF HOSPITAL (If not in hospital, give street address) 250 Dill Avenue 250 Dill Avenue 250 Dill Avenue 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) 10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves. no., or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:		RURAL and give ned	arest town)									
OR INSTITUTION 250 Dill Avenue 3. NAME OF DECEASED (Type or print) SARAH AUGUSTA STOTEIMYER STOTEIMYER February 8. 19 61 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED March 10, 1870 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS loss birthdoy) Months Doys Hours Min. 10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE—WORK At Home 14. MOTHER'S MAIDEN NAME Andrew Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	1			rive street				TCK			e. IS	RESIDENCE
3. NAME OF DECEASED (Type or print) SARAH AUGUSTA STOTETMYER STOTETMYER STOTETMYER February 8. 19 61 S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED March 10. 1870 None 10. SIRTHPLACE (State or foreign country) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland USA 14. MOTHER'S MAIDEN NAME Harriet C. Shuff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL SETWEEN ONSET AND DEATH INTERVAL SETWEEN ONSET AND DEATH		OR INSTITUTION									0	N A FARM?
DECEASED (Type or print) SARAH AUGUSTA STOTEIMYER	-				A4" 6 40							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 NEVER MAINT 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Min. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10 NEVER MARRIED 11 NEVER MARRIED 11 NEVER MARRIED 12 NEVER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10 NEVER MARRIED 10 NEVER MARRIED 11 NEVER MARRIED 11 NEVER MARRIED 12 NEVER MAIDEN NAME 16. SOLOR OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]		ECEASED						OF	-		Day	
Female White WIDOWED DIVORCED March 10, 1870 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—Nork 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Fig. 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves. no. or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Winner Min. 17. INFORMANT Address No Winner Min. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:											VEAP 16	UL
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—Fork 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT (17. INFORMANT (17. INFORMANT (18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	3. 3	EA	6. COLOR OR RACE				ALE OF BIKIH		lost birthdoy)	-		1
during most of working life, even if retired) House—Fork 13. FATHER'S NAME Andrew Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT Address (Yes, no., or unknown) No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	10		The state of the s		- 32	M			70	120 61717		
13. FATHER'S NAME Andrew Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Vest, no., or unknown) (If yes, give wor or dates of service) No No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	10a.	during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	111. BIRTHPLACE (State	or foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY?
Andrew Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Harriet C. Shuff Address None Wrs. Beatrice V. Miller-Same as Item #2 INTERVAL SETWEEN ONSET AND DEATH			k		At Home						USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		Andrew	Miller				Harrie	t C. S	Shuff			
None Mrs. Beatrice V. Miller-Same as Item #2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:					SOCIAL SECURITY NO.	17. INFO				ress	1133	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	,		yes, give war ar cores or s	ar vice;	None	Mrs	Restrice V	. M411	er-Same	as Tt.	em #2	
PART I. DEATH WAS CAUSED BY:			TH [Enter only one co	ouse per li							INTERVA	L SETWEEN
IMMEDIATE CAUSE (0)		PART I. DEAT			2.	11.7	-				ONSET	AND DEATH
DUE TO		791			-		4	100			13	
Conditions, if ony, which)		Condition: if an									100	
gove rise to immediate			mediate	,							+	
couse (a), stating the <u>under-</u> lying cause last.			he under-	,								
, (6)	z		FP SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	TH BUT NO	T PELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	EN IN PART	1/01 19 W	AS AUTOPSY
PERFORMED?	18	1881 11. 0111	ER SIGNIFICANT CON	DITIONS	CONTRIBUTION TO DEA	111 001 140	T KEENTED TO THE TERMIN	TAL DISEASE	CONDITION	EI II I I AKI	PE	RFORMED?
YES NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	PI C	20- ACCIDENT MA	THE PROPERTY OF THE	ant DEC	CRIPE HOW INJURY OF	CHRRED (and I am Boot	II of item 191		YES	NO NO
I ☑ LOR CONTRIBUTING □ CAUSE OF DEATH	ERTI	OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CKIBE HOW INJURY OC	CURRED. (enter nature of injury in t	or For For	ii or iiem io.j			
								1				
20c. TIME OF INJURY Month, Day, Year Pour Day, Year	100		Month, Day, Ye						or town)	(C	ounty)	(Slote)
p. m. 19 of work at work	ME		19								0.49-3	
21. I certify that (I) (this haspital) attended the deceased fram. 2-1, 1960, ta 2-8, that (I) (we) las		21. I certify that	(I) (this haspital	l) attend	ded the deceased t	ram.	- / 19/	60 to	2 - 8	196/	_, that ((I) (we) last
saw the deceased alive an 2 - 1 1961, and that death accurred at 12: BOPam the causes and an the date stated above				-1					-			
22o. SIGNATURE 22b. DATE			00 01110 011111		/	mar aca	The discorded draggers	9-02 dill	ine caoses an	di inc	dare sre	22b, DATE
M.D. ATTENDING MED. STAFF 2/9/1961 SIGNER		M	1m	7 45	1	M.D		D.		2/0	17067	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS			10/10					LETOK _		-47	11701	
NAME (Type)		` ' '	D D 15	4 2	16 D		200 Wanth	Manla	Charach	The car		31.4
Rex R. Martin, M.D. 220 North Market Street, Frederick, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)	230					TERY OF C						
REMOVAL (Spacify)	200	REMOVAL (Specify)								o. coomy,		(31016)
Eurial Feb.11, 1961 Mount Olivet Cemetery Frederick, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROBLEM 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE			Bah 17								L.U.	
M. R. Etchison & Son, Frederick, Maryland DATER 10'61 Quilly & Kons	24.			TAOT	ADDRESS	-vet (25a. REC'I	BY REGISTI	RAR 25b. REGI	STRAR'S SIG		land

FIRST SO THE SHIPS OF DEATH March Black Co. Marin of Solphia and the or other 28 most av acceleration i agistes 1997 - and 1 Smilety 19200 2=1 20 2-5 Art R Martin DOLAN A . And the company of the control of sometry to the transfer of the bank of the second to the transfer of the second to the second to the second to

Fred. Md

o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary.		tion: Residence before admiss	-
b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)	c. LENGTH OF STAY IN 16	A .	utside corporote limits, write Thurmon	RURAL and give nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street of Pree Pines Nursing Hor		d. STREET ADDRESS Bast St	treet		FARM?
3. NAME OF First DECEASED (Type or print) Emma.	Middle	Stowe		h	Yeor 19 61
Female 6. COLOR OR RACE 7. MARRIE WIDOWED		May 12, 186	9. AGE (In years)	Manths Days Hours	Min.
10b. KI Guring most of working life, even if retired)	Own Home	Maryla		U.S.A.	OUNTRY?
3. FATHER'S NAME Conrad Mergardt		Sophia R	ame osine Roelk	У	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. major unknown) (If yes, give war or dates of service)		rormant nree Pines (records Fr	ed.
18. CAUSE OF DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause last. C PART II. OTHER SIGNIFICANT CONDITIONS CO	Sen:1	NOT DELATED TO THE TERMIN	NAL DISEASE CONDITION G	INTERVAL BE ONSET AND	DEATH
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED JURY OCCURRED 20e. PL		Part I ar Part II af item 18.)	PERFC	ORMED? NO (Stote)
21. I certify that (I) (this haspital) attende saw the deceased alive an 1-17-22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Rex R MAR'	19_6_1., and that d	M.D. PHYS. DIII			abave. B.DATE SIGNED S-6
230. BURIAL, CREMATION, 23b. DATE THEREOF 2-7-61	23c. NAME OF CEMETERY O	Cemetery	23d. LOCATION (City, town Frederick	, Md.	te)
Jaymona & Treager	ADDRESS Thurmont,	Md . DATE ER		SISTRAR'S SIGNATURE	

The supply manuals Sen. ITY 14.01.5 Rex 12 Martin 1352 5 2200 MARKET FRIDAIN ME The San Property of the Control of the Land of the Control of the the training of the second of

FOR STATE HEALTH DEPT

TO DEPUTY SICAL EXAMINER: This scrifficate should be executed within 24 hours after death. If any delay is excessory base execute the liftical titing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer rectal 3e should be forward at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your room to FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Baard of Health, ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1926 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.		()		Q	11	9	
Rea.	Dist.	No.	and the	U	3	N	

1.	o. COUNTY Free	derick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before od a. STATE Maryland b. COUNTY Frederick						
	and give nearest town)	entride corporate limits, write RU	RAL	c. LENGTH OF STAY IN 16	The second	mitsb		porote limits, write	RURAL ond	give ne	orest town)
-		L OR INSTITUTION (If no	of in hosp		d. STREET		-6,				e. IS RESIDENCE
	1	t Main Stree			400 W	lest M	ain S	treet			ON A FARM?
3.	NAME OF DECEASED (Type or print)	Theodor	е	Middle Franklin	Summers		4. DATE OF DEATH	Month February	20.	Day	Year 19 61
5.	SEX	6. COLOR OR RACE 7.	MARRIES	NEVER MARRIED []	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER	YEAR	IF UNDER 24 HRS
	Male	White	IDOWED	DIVORCED [ebruary	5. 1	902	59 yrs.	Months [Days	Hours Min.
	a. USUAL OCCUPATIO during most of working achine ope			nd of Business or Industries De & Nipple		ACE (Stote	_	country)		EN OF	WHAT COUNTRY
	. FATHER'S NAME				14. MOTHER'S						
	Cha	rles D. Summ	ers		Alv	erta	Loy				
		R IN U. S. ARMED FORCE (If yes, give war or dates of servi	ce)	8-16-7229 >	NFORMANT T	aul	ine	Address	400 We		
	PART I. DEAT	iote cause		or (o), (b), ond (c).] cardial Infar	ction					ONSET	AL BETWEEN AND GEATH hours
CERTIFICATION		ER SIGNIFICANT CONDITI		NTRIBUTING TO DEATH BUT I					EN IN PART		WAS AUTOPSY PERFORMED? ES NO
	PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE	HOW INJURY OCCURRED. (I	inter noture of in	njury in Part	l or Port It	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Year	20d. It While at war	Not while fact	CE OF INJURY (ory, street, office	Home, form bldg., etc.)	20f. (City	or town)	(Cour	nty)	(State)
	opinian death			emains described abo	, Suicid	e , F	Homicide	nspection (, Undete	rmined m	anner	and in my DATE SIGNED 20, 1961
	-	. B. O. Thom				MEDICAL E	EXAMINER 5				
22	REMOVAL (Specify)			22c, NAME OF CEMETERY OR	CREMATORY	7		TION (City, town, c		ob ((Stole)
23	Burial FUNERAL DIRECTOR	Feb. 23, 196		Mt. View		240. REC'E	BY REGIST	sburg, Fr	TRAR'S SIGN		
	C. E.	Wilson	, Em	mitsburg, Md.		1 1	B 2 4 '6		hus S. 9		
	C. E. Wi	lson									

LOW WEST OF EXAMINER'S DEXISTRATE OF DEATH different sold THE SECOND CONTRACTOR OF THE SECOND Sin the state of t CONTRACTOR OF SERVICE SERVICES SERVICES Commence of the control of the control of goet records ,

MART TON

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1497	CERTI	FICAT	E OF DEA	HTH			()1;	303
o. COUNTY Fred	erick	MAI	RYLAND	o. STATE	CE (Where deceas	ed lived. If instituti b. COUNTY		e before adm	nission)
b. CITY OR TOWN (If RURAL and give new Frederick	outside corporate limits, arest town)	write c. LENGTH OF STA			/N (If outside corp ederick	porote limits, write R	URAL ond g	ive nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION Frederick	Memorial He	street address) ospital		d. STREET ADDI	RESS Pine Av	renue		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First HOWARD	Midd GREENW	DIE	TAYLOR,	SR. DATE OF DEATH	Mon H Fel	oruary	Day 7,	Year 19 61
s. sex	1 1001% 0 1	MARRIED NEVER MARI		5 July 18	375	9. AGE (In years last birthday) 05 yrs.		Days Hou	
during mast of work	ing life, even if retired)	10b. KIND OF BUSINESS Monument Dea	_	Maryla		cauntry)	12. C1112		T COUNTRY?
13. FATHER'S NAME Thomas Ta	ylor			14. MOTHER'S MA					
1S. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FORCE If yes, give war ar dates of serv			e. Erma R.	. Taylor	(Same as		#2)	
	TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for (o), (b), and (o Intestinal		hage				ONSET AL	BETWEEN ND DEATH Hours
Conditions, if on		Eroded Duode	nal Ul	.cer 9					
gave rise to in couse (a), stating t lying couse lost.			Mit:						
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	er significant condi	TIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	ETERMINAL DISEA	ASE CONDITION GIV	EN IN PART	1(a) 19. WA PER YES	FORMED?
	CAUSE OF DEATH	0b. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of in	iury in Part I or Pa	ort II of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Year	20d. INJURY OCCURRED While Not while of work at work	20e. PLAC facto	E OF INJURY (Hom ry, street, affice blo	ne, farm, 20f. (Ci dg., etc.)	ity or town)	(C	ounty)	(Stote)
saw the decease	t (I) (this haspital) ed alive an	attended the decease				7-12-7 In the causes ar	19 6 nd an the	date stat	
22a. SIGNATURE	Berth	omas	М.		MED. DIRECTOR	STAFF PHYS.	8	Feb 6	22b. DATE SIGNED
	B. O. Thoma					St., Fred		Md.	
23a. BURIAL, CREMATION BELLOWAN (Specify)	2-10-61	23c. NAME OF CE Mount Ol				ATION (City, town, derick, M.			itote)
24. FUNERAL DIRECTOR'S M. R. Etc	SIGNATURE Son	, Frederick,	Maryla	and 25	a. REC'D BY REGI		STRAR'S SIG		

the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL ATTE NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior ta burial, cremation, or remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

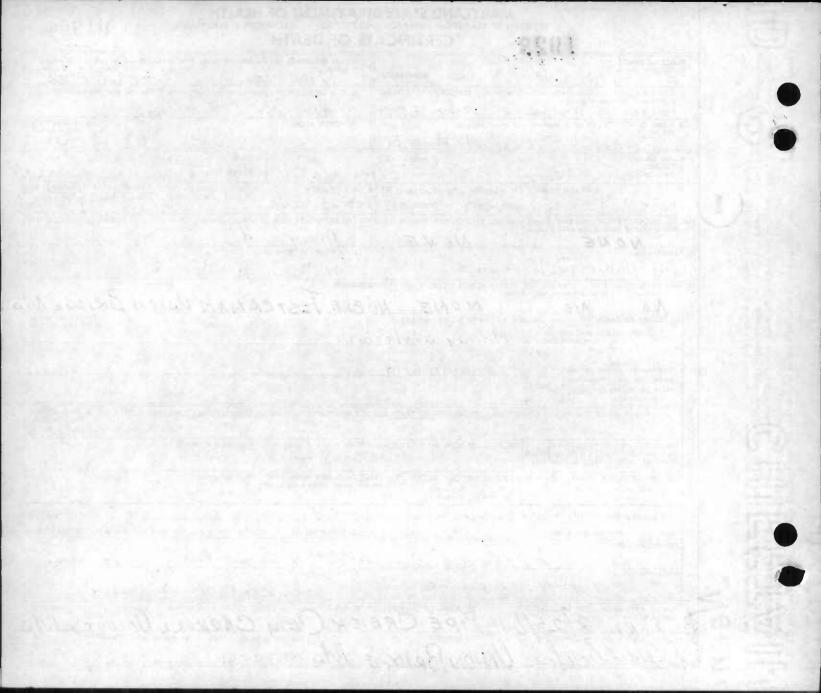
MITARIO EO RIADENTESO EN CARREST Control Line (C) Later Control States (C) James Chicaloga A CONTRACT OF THE PROPERTY OF THE PARTY OF T R aroll Lineson Deucal Company of the second of the s

The second of th

il directar, filed with NG PHYSICIAN: The taw tequency is spiral as a spiral as a spiral as attending physician and campletely filled in by TOR: After this certificate has been signed by the attending physician and campletely filled in by detached far use as the burial-transit permit. Then please remave carban papers. Pages I and a detached far use as the burial-transit permit. Then please remave carban papers. Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. NG PHYSICIAN: The law requires that the death certificate be executed within 24 has

The State Baard a

		1928	CERTIFICA	TE OF DEATH		
	1. 7	COUNTY - redeste	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institute b. COUNTY	tion: Residence before admission)
	t	o. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write	RURAL and give nearest town)
		RURAL and give nearest town)	10 km 15 mm	Elnio,	i BRIO	GE
	(d. NAME OF HOSPITAL (If not in haspital, give street a	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1	2 1	NAME OF First	Middle	11	4. DATE Mo	
	[DECEASED (Type or print) Buby	-	ter man	OF	unth Doy Year unity 24 196/
1	S. S	Male White Widowei	ED NEVER MARRIED TO DIVORCED	1-26 23,196/	9. AGE (In years last birthday)	Months Doys Hours Min.
A	10o.	. USUAL OCCUPATION (Give kind of work done 10b. I		JSTRY 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY
		during most of working life, even if retired)	NONE	marylan		
	13.	Mr noble Testerman	ı	14. MOTHER'S MAIDEN N	A Boon	e
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	NFORMANT	Add	dress
	(Tes	(If yes, give war or dates of service)	NONE W	DRIF TECTE	= RMAN DI	IDN BIZINGENI
		1B. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c).]	Une 1531-6		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lary atelac	Fasil		ONSET AND DEATH
	-	5 DUE TO	rang arere	74475		
		Canditions, if any, which) (b)	EMATURITY			71-2
		gave rise to immediate	CHILIDRETT			
		lying couse last.				
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	Not while f	LACE OF INJURY (Home, farm, portory, street, office bldg., etc.		(County) (State
		21. I certify that (I) (this haspital) attended	ed the deceased fram	24 725 , 190	[c], to	, 19, that (I) (we) las
		saw the deceased alive an	19, and that	death accurred at	M, fram the causes a	nd an the date stated above
		22a. SIGNATURE				22b.DATE SIGNE
		- JVKR	educe		ED. STAFF RECTOR PHYS.	24 43561
		22c. PHYSICIAN'S NAME (Type) F.J. HELDRIC	H NR.	22d. ADDRESS	ect Da	y (and
	23a	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
	R	REMOVAL (Specify) 2/25///	PIPE CRI	EIEK ()EIN	CARROLL	COUNTY MI
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'I	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
Y		V Hartsler Sons, NA	IDAL ROIN	= MA DATFER	27'61	
		2069271XV2	WIN JOHN			Along S. Haua



TO HOSPITAL

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1929

01995

4)	b. CITY OR TOWN (If outside corporate limits, write RURAL DESTRUCTION) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick								
1							X	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK								
9								d. STREET ADDRESS FREDERICK Maryland						e. IS RESIDENCE ON A FARM? YES NO		
	3. NAM DECE (Type	ASED In	Cant Te	First	Franc	es '	Middle Tolbar	1 7	olba	,	4. DATE OF DEATH	777 - 3	ruary	25		Year 19 61
-	S. SEX	Female	6. COLOR OR Whit		MARRIED [_	MARRIED TO	8. D	2/25/6			9. AGE (In year lost birthdoy)	Months	Doys	Hours	Min.
1	10a USI duri	UAL OCCUPATION IN THE COLUMN TO THE COLUMN T	ON (Give kind o king life, even if	f work done retired)	10b. KIND		iness or ine	DUSTRY		ACE (Stote		ountry) yland		USA.		OUNTRY?
	13. FATH	HER'S NAME	William	A. T	olbar	d		14	MOTHER'S			lain				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unstandard) (If yes, give wor or dates of service) None: Hospital Records.															
	Co go coi lyi	onditions, if of over rise to it use (o), stoting ing couse lost.	IMMEDIATE CANANAMENT C	ED BY: AUSE (o) DUE TO (b) DUE TO (c)	I	m	mat			O THE TERM	NINAI DISEAS	SE CONDITION G	IVEN IN PA	ONS G	9. WAS	DEATH
2	☑ OR	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING	DEATH 20b.	(E)							rt II of item 18.)			PERFO YES	PRMED?
		TIME OF INJUR Hour o.m. p. m.	RY Month, Do	V	Od. INJURY	Y OCCUR Not whil ot work	e	PLACE foctory	OF INJURY (, street, office	Home, fari e bldg., et	m, 20f. (City	y or town)		(County)		(Stote)
1	22o	w the decease. SIGNATURE PHYSICIAN'S NAME (Type)		and the same of	e g				ATTENDING PHYS. 22d. ADDR	d a 6 /	M, fram	the causes of		e date	stated	
1	23a. BUI	RIAL, CREMATIC	23b. DATE	THEREOF			of CEMETERY Fellow		ematory Ceme te	ry		TION (City, town	, or county)		(Stot	re)
6	24. FUN	DATLEY	S FURN	CAT HO	ME F	ADDRES	RICK,	Mau	ryland		AR 6	- 4	SISTRAR'S S Lathun &			

· 对是特征。 and the same of th . Commerce & 18/38/81 LIEU Bearing of the first of th Fundo. A Bridge able of the All tongs - Fastinant - 600 and the second of the second of the second The same of the sa and the contract contact of the contract of th the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1920

01906

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick							
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Frederick Memorial Ho	d. STREET ADDRESS 256 South Carroll Street o. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)							
3. NAME OF First DECEASED (Type or print) MARY	MARION	TRACEY	4. DATE OF DEATH	Mont F	h ebruary	,	Year 1961	
7075 4.4	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7 April 1		. AGE (In years last birthdoy) 70 yrs.	Months Do	-	Min.	
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) House—work	b. KIND OF BUSINESS OR INDU At Home	STRY 11. BIRTHPLACE (ntry)	USA	OF WHAT C	OUNTRY?	
13. FATHER'S NAME Melvin A. Oden		Mary Ka						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		nformant iss Irene I	. Tracey	(Same as		#2)		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	cente brombitis	; pulmono		lupem		ONSET AND	- 103	
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	s <u>contributing to death</u> but lives clevetes I ESCRIBE HOW INJURY OCCURRE	Heent Dise.	ine		'EN IN PART 1(PERFO	AUTOPSY PRMED? NO	
20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m. Wh	-1	ACE OF INJURY (Home ectory, street, office bldg		or town)	(Cou	nty)	(Stote)	
22c. PHYSICIAN'S	19.6/. and that a	M.D. ATTENDING NO. 22d. ADDRESS		STAFF PHYS.	d an the d	Feb 196	abave.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2-6-61	23c. NAME OF CEMETERY C			ON (City, town, cerick, M.		(Stot	e)	
24. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F	rederick, Maryl		REC'D BY REGISTRA		STRAR'S SIGN	7.		

HTASU HE HTA DETITIES trus distribution of the contract of the second state of the secon AND THE PARTY OF THE RESERVE OF THE TANK AND COME OF CHARLE PROPERTY AND ADDRESS OF LANDING . All the contract to the cont Mary and the states are prepared by the feet of 的复数自己的 经工作 医克里特氏 医克里特氏 医克里特氏 医二氏病 医自己性 医二氏病 MARYLAND STATE DEPARTMENT OF HEALTH

193 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01907

1. PLACE OF DEATH o. COUNTY	rederick	14.	MARYL		o. STATE	ICE (Where		d. If instituti b. COUNTY	on: Residen	timor	dmission)
RURAL ond give ne	outside corporate lim corest town) rederick	its, write	c. LENGTH OF STAY II	V 16	c. CITY OR TOV		de corporate l	imits, write R	URAL ond	give nearest	town)
OP INSTITUTION	AL (If not in hospitol, or 29 West Thi			Br	d. STREET ADD			est Univ.	Parkw		S RESIDENCE ON A FARM? ES NO 2
3. NAME OF DECEASED (Type or print)	Fi G1	'ace	Middle De Lashm i	itt 1	Jann lost	4.	DATE OF DEATH	Febru		Doy 5	Yeor 19 6]
s. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIER ED DIVORCED		ATE OF BIRTH July 14-	1895	9. A	GE (In yeors st birthdoy) 65 yrs.	Months		OUTS Min.
10a. USUAL OCCUPATIOn during most of work Homemal	ing life, even if retired	done 10b.	Own home	INDUSTRY	11. BIRTHPLACE		oreign country	()	12. CIT	U.S	·A·
13. FATHER'S NAME Edward T	H.DeLashmu	ıtt		1.	4. MOTHER'S MA		a Thoma	a.s			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war ar dates of	RCES? 16.	SOCIAL SECURITY NO.	17. INFOR	Alvida	B. De	Lashmu				ck- Md.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO my, which mmediate)))	ne for (o), (b), and (c).]	lial	Lufa	ral				ONSET	AL BETWEEN AND DEATH Mun
ICATIC			CONTRIBUTING TO DEA						VEN IN PAR	P	WAS AUTOPSY ERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	or 20d. I		20e. PLACE	OF INJURY (Hor, street, office bl	me, form, 2	POF. (City or to	27	(County)	(Stote
	ed alive an	u n			h accurred o		fram the				22b. DATE
22c. PHYSICIAN'S NAME (Type)	Dr. H.F.	Kline		M.D	22d. ADDRESS	DIREC		rederi	.ck- 1	/d•	-6-i96
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial			23c. NAME OF CEME		etery			rick-	Mary]		(Stote)
Dailey &	S SIGNATURE	Hon	ADDRESS Frederic	k- Md		ATEEB 9	r REGISTRAR	25b. REG	STRAR'S SI		

TO HOSPITAL NATE WG PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deap Page 4 may be relow, by it spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remavol, and in ony event, within 72 hours offer death. **IG PHYSICIAN:** The low requires that the death certificate be executed within 24 hour

VR A1S (4) 1SM 9/59

			FEDAVA GROUP		
	12 12 12 12 12 12 12 12 12 12 12 12 12 1			artychen	
	E Specimen Nebel All-			barbi, sem ci	
15			downer.		
		Sel- I sta		ad Aug	elimes
		instruction	gand to		seed to
		andvia and		Symptomical Act	
R	- or ord or I - or miles	and the spiritual on	A		
	4-3				
	er - wezert go.	Jedest . 17			
	hartega elababen.			1307-6-8	
			-Telephotots	m// 2	2 64

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission e. COUNTY Frederick Maryland Heolth, b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hraderick Lewistown y. D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital ote retaine NAME OF 4. DATE Month DECEASED Henry Ernest Warner February (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years male white 1879 WIDOWED X7 16. DIVORCED T Dec. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Own Farm Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File pages William Warner Martha Keiholtz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address [Yes, nower unknown] GHY -28-599@larence Warner with 1 Lewistown 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12, WAS AUTOPS used 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pino CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc. Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection ... FUNERAL DIRECTOR: Por its designation apinion death resulted from: Natural causes , Accident , Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Blue Ridge Cemetery Thurmont, Maryland 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Thurmont. Md.

DATE FEB 2 0 '61

Frederick

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

U.S.A.

(County)

arthur & Kraus

Months

e. IS RESIDENCE ON A FARM?

YES NO A

10

Maryland

PERFORMED? NOF

(Stote)

and in my

DATE SIGNED

61

VS ALSME

THE SECRETARY AND A STREET OF THE PROPERTY OF HWARD BO STADESTERN PRINCIPLE OF DEATH PERMITS DEFT. the same of the sa

VS A1S (4) 1SM 9/SB

HY33 TAUFILED EEUL A NUMBER OF STREET articles and feeling this later has been always as a constraint of the state of the

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

1112 414 1 mm 41 4 mm		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS —	BALTIMORE 1, MARYLAND

1927	CERTIFICA	TE OF DEATH		01910					
1. PLACE OF DEATH o. COUNTY FREDERICK	MARYLAND	USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Residence b. COUNTY	te before admission)					
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		ive nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give stre	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X					
Walter Reed General Hos			Ave. N.WI.						
3. NAME OF DECEASED	Middle	Lost 4. DATE OF OF	Manth Feb.	Day Year 19 61					
(Type or print) JAMES 5. SEX 6. COLOR OR RACE 7. M.	B.	MARREN Jr. DEATH B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.					
141777	ARRIED ARRIED DIVORCED DIVORCED	5 Dec. 1931		Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote or foreign West Virgini		USA					
Military 13. FATHER'S NAME	Air Fores	14. MOTHER'S MAIDEN NAME	.a						
		Unknown							
JAMES B. WARREN S	I 6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address						
(Yes, no, or unknown) (If yes, give war or dates of service)		Mrs. James B. Warre	en. Ir. (k	Vife)					
18. CAUSE OF DEATH [Enter only one cause pe		10 t Odron De Harre	11.	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate (b)	DUE TO Conditions, if any, which) (b)								
DUE TO	couse (a), stoting the under-								
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO					
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Pa	ort II of item 18.)						
Hour o. m.	t-	ACE OF INJURY (Hame, farm, 20f. (Ci ctory, street, office bldg., etc.)	ty or town) (C	County) (Stote)					
saw the deceased alive an 5 Fe	saw the deceased dive dispersion of the date stated above.								
220. SIGNATURE Scheldon	Kiess	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED 5 Feb. 19					
22c. PHYSICIAN'S NAME (Type) SCHELDON (NMI) KRESS, Capt,	MC US Army Medies	al Unit, Ft. De	etrick, Md.					
23a. BORIAL, CREMATION, 23b. DATE THEREOF 2-9-6/	23c. NAME OF CEMETERY C		ATION (City, town, or county) SBERG ER	(State)					
Ling aldi Jovers Hour Ja	816 H & YK	At 2 DATE EB 1 4 16							

7 4 14 is publicationed and the color of the color Id • (.) Eu l'è . The comment of the K Sa rameir a milanom 10:11 = 0:11:02 | 10:11:03 | 11:07 | 11:07 | 11:07 | of the state of th